CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer, Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D., Title: Commissioner of Health — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C. P. Force — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 13801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Grabis

If U. S. Veteran specify WAR

(a) Residence: No. ..... Bryantown St., ... Ward. md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME John Grabis

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Barbara Theres

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMANT Records

(Address)

18. BURIAL, [redacted] Md Place Bryantown Date 2/12 19 38

19. UNDERTAKER Henry McDonald

(Address) Frederick Md

20. FILED 19 [illegible] for William Keighley

FEB 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1938 to Feb 9 1938

I last saw him alive on Feb 9 1938 Death is said to have occurred on the date stated above, at 12 00 m. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-2-38
Empyema	2-8-38
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiffler M. D.

(Address) Johns Hopkins Hospital

F 13802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13802 93-e

Registered No. 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 W. North Ave. St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob A. Rice. If U. S. Veteran specify WAR

(a) Residence: No. 1130 W. North Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 6, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Madison Battery Shop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Augustus Rice.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca Steinberg.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Mannie Rice,
(Address) Riviera Apts. 3 E.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Feby. 11, '38

19. UNDERTAKER Blair Sondheim & Co. NW
(Address) 1902 Eutaw Place.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1938 to Feb 9 1938

I last saw h[im] alive on Feb 8 1938. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (hypertension) Myocarditis	8 yrs 8 yrs
Other contributory causes of importance: (heart) Acute dilatation of heart,	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. Frederick Leitz, M. D.

(Address) Temple Garden Apts.

:3803 V 3803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 N. Caroline Street, 4-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Parr

If U. S. Veteran specify WAR no

(a) Residence: No. 1834-N. Caroline Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - - -

DATE OF BIRTH (month, day, year) 11/4/1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John W. Parr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Schilby

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony S. Parr
(Address) 1834-N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 2/12/38

19. UNDERTAKER George J. Frith, Inc.
(Address) 1733-Harford Ave.

20. FILED 2/10/1938 H. Custer Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Feb 9, 1938

I last saw her alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Myocarditis

Date of onset

Other contributory causes of importance:
Chronic Endocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Microscopical Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. Harman M. D.
(Address) 1201 N Caroline St

F 13804

13804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220-Bonaparte Ave. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Bean

If U. S. Veteran specify WAR no

(a) Residence: No. 1220-Bonaparte Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of -----

DATE OF BIRTH (month, day, year) 8/4/1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John H. Bean

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah C. (Kelley)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Czarina Hill

(Address) 1220-Bonaparte Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. 2/11/38

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Hanford Ave

20. FILED 2-11-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to Feb. 9, 1938

I last saw him alive on Feb 9, 1938 Death is said to have occurred on the date stated above, at 1,30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1
Other contributory causes of importance: Arterio sclerosis	4

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Zimmerman M.D.

(Address) 2858 Hanford Rd

FEB 8 1938

13805 E 13805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 McCulloh St. 11-4 Ward)

Length of residence in city or town where death occurred 25 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. Martin.

(a) Residence: No. 1100 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S.C.

MOTHER FATHER

13. NAME Lazarus Martin

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Augusta Grayton
(Address) 932 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2/11 35 19

19. UNDERTAKER Wilson & Custard
(Address) The Fairacres

Filed 19 Registrar

1938 Hampton Williams, M.D.

S 6 C H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) held on (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above, at 3:02 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hampton Williams M. D.
Coroner

(Address) 1215 Hanover St.

VE 13806

13806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 Druid Hill Ave St., 4-2 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Woodis Hopkins

(a) Residence: No. 141 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed or divorced WIFE of Francis Hopkins

6. DATE OF BIRTH (month, day, year) Dec 6 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va.

FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary — Jones

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT James Hopkins

(Address) 209 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 2/13 1938

19. UNDERTAKER William A Tucker

(Address) 116 Penna Ave

FILED 19 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

find that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above. 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hall Turner Coroner M. D.

(Address) 120 Hamburg

HEALTH DEPARTMENT—CITY OF BALTIMORE

13807 13807

13807 82-a

CERTIFICATE OF DEATH

28-2

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5003 Gwynn Oak Ave St. ..... Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Louise Thornton — If U. S. Veteran specify WAR .....

(a) Residence: No. 5003 Gwynn Oak Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Samuel Thornton

7. DATE OF BIRTH (month, day, year) Feb 26 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Henry H. Tillson

14. BIRTHPLACE (city or town) (State or country) Liverpool Eng.

15. MAIDEN NAME Harriet Mull

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT George S. Thornton
(Address) 5003 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Feb 12 '38

19. UNDERTAKER Harry H. Amoscot
(Address) 2204 Ridgewood Ave

20. FILED ..... 19..... Registrar.

FEB 13 1938 Huntington Williams M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1938, to Feb 10th, 1938
I last saw her alive on Feb 10th 1938 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/8/38
Other contributory causes of importance:	
Arteria-Sclerosis	4/15/32

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, state how .....

(Signed) Mathew J. Sweeney M. D.

(Address) 1701 W Fulton Ave

13808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13808 54-D

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Beshore -

If U. S. Veteran specify WAR

(a) Residence: No. 648 Lee Ave - St., ... Ward. Clarksburg - W. Va -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 6-1885

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

13. NAME James Harding

14. BIRTHPLACE (city or town) (State or country) Pa -

15. MAIDEN NAME Charlotte Carr -

16. BIRTHPLACE (city or town) (State or country) Pa -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Clarksburg W. Va Date 2/12 38

19. UNDERTAKER John A. Mitchell & Son

(Address) 1200 Eutaw Place

20. FILED Feb 13 1938 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1938 to Feb 10 1938

I last saw h.. alive on Feb. 10 1938 Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Benign	
Other contributory causes of importance: None	

Was an operation performed? Yes Date of Feb 8, 1938

For what disease or injury? Brain Tumor

Name of operation Cerebellar Exploration & Removal brain tumor

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harvey Monroe Mason III M. D.

(Address) Johns Hopkins Hospital.

809 3+1 213

HEALTH DEPARTMENT—CITY OF BALTIMORE

13809

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward) +23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ophelia Hopkins

If U. S. Veteran specify WAR .....

(a) Residence: No. Rock Hall St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1-1-1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Hopkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eric Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Shipton Rock Hall Date 2/14/1938

19. UNDERTAKER Ralph H. Dailey

(Address) Chestertown, Md.

20. FILED Feb 14 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to Feb-9, 1938

I last saw he/she alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis Jan	1938
Miliary Tuberculosis	?
	2 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas H. Brem, M. D.

(Address) Johns Hopkins Hospital

F 43810

3810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 N. Calvert St., 12-3 Ward)

Length of residence in city or town where death occurred 40 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Wickham

If U.S. Veteran (Give Army or Navy Record) specify WAR

(a) Residence: No. 2406 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Feb 7-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Price Geo Co Md.

13. NAME of Father Wm Wickham

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME of Mother Mary Crook

16. BIRTHPLACE (city or town) (State or country) Price Geo Co Md

17. INFORMANT Mrs Kathryn Wickham

(Address) 330 E. St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge 2/11 1938

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St.

20. FILED Feb 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937 to Feb 9, 1938

I last saw h alive on Feb 9 1938. Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	1936
Other contributory causes of importance:	
Metastatic Carcinoma of Liver	Sept 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Mulcahy M. D.

(Address) 2117 Maryland Ave

F 43811

2-29-28 L. F. S.—500 Bks.

43811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 601½ Harford Rd ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No Record

2—FULL NAME Harry Cooper Berry

(a) RESIDENCE NO. 601½ Harford Road ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Allie Lee Berry

DATE OF BIRTH (month, day, and year) Sept. 17, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Sold Wash Rockingham Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER George W. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Delcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs Allie Lee Berry

(Address) 601½ Harford Road

Filed 2 1938, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1938

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 10, 1938,

that I last saw h/m alive on Feb 10, 1938

and that death occurred, on the date stated above, at 5 10 A m.

The CAUSE OF DEATH* was as follows:

Emphysema; chronic myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination.

(Signed) E W. Sickel, M. D.

19 (Address) 5179 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL 2/12/1938

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St

43812 F 43812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 27-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Mary Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H Kollestch

If U.S. Veteran specify W.W. or Regular

(a) Residence: No. 4108 Mary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Martha

7. DATE OF BIRTH (month, day, year) Feb 24 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	15 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goodwill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Kollestch

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Susan Malott

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Miss Elizabeth Bailey

(Address) 4108 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Weston Date 2/4 1938

19. UNDERTAKER Wm Cook

(Address) 1213 St Paul St

BTT 1938 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1938 to Feb 8 1938

I last saw him alive on Feb 7th 1938. Death is said to have occurred on the date stated above, at 730 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2473 Reisterstown Rd Balto

13813 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13813

CERTIFICATE OF DEATH

34-E-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Edmondson Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul N. De Crette

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2403 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Margaret De Crette

7. DATE OF BIRTH (month, day, year) about 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Margaret De Crette

(Address) 2403 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/12 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FEB 11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 130

21. DATE OF DEATH (month, day, year) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 10 1938

I last saw h[illegible] alive on Feb 10 1938 Death is said to have occurred on the date stated above, at 1.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Syphilis	5 Years
Femoral Cystitis Chronic	Before
Bronchial Pneumonia Terminal	Feb 10 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elliot W. Johnson, M. D.

(Address) 2432 Frederick Ave

F-43814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-43814

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S Port St St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Cichocki (or Chase)

(a) Residence: No. 626 S Port St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Cichocki

6. DATE OF BIRTH (month, day, year) April 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Cichocki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Christina Augustiwiak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Cichocki (Wife)
(Address) 626 S Port St

18. BURIAL, CREMATION, OR REMOVAL Date Feb.12,1938
Place St Stanislaus Cem

19. UNDERTAKER Fred W Ozazewski
(Address) 1930 Eastern Ave

20. FILED Feb.11.1938 Huntington Williams M.D
Registrar

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.9.1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon, and from the evidence obtained by said Inquest, and that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

Mis

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Aug. 21, 1937

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by Auto Crossing street at Foster Ave. & Port St

Nature of injury Fracture of R. Leg

24. Was injury related to occupation of deceased? No If so, specify ...

(Signed) H. C. Cullen Coroner M. D.

(Address) 2757 W Pratt

Ore

HEALTH DEPARTMENT—CITY OF BALTIMORE

13815. 82-4 13815

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E. Lanvale Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise E. Riehl

(a) Residence: No. 1412 E Lanvale Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

7. DATE OF BIRTH (month, day, year) Jan. 11-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Erhard Riehl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Philippine Myers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katinka Riehl
(Address) 1412 E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery 2/12/38

19. UNDERTAKER George E. Ruth, Inc.
(Address) 1735 Mayford Avenue

2/11 1938 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1937 to Feb 10 1938

I last saw h alive on Feb 7 1938. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion — Date of onset 2/10/38

Other contributory causes of importance:

arteriosclerosis + cerebral hemorrhage — 12/19/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Sanderson, M. D.

(Address) 1214 N Caroline St

F 13816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13816

CERTIFICATE OF DEATH

30574 (M)

8-6-96

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James T. Clark

(a) Residence: No. 1922 E. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roxie

DATE OF BIRTH (month, day, year) 12/19/1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James (d) Clark

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Lingrose (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2/11/38

19. UNDERTAKER Geo. J. Ruth Inc
(Address) 1725 Hanford Ave

FEB 11 1938 Washington Wilmington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1938 to 2-10, 1938

I last saw him alive on 2-10, 1938. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dissecting Aneurysm Hepatic Artery Peritoneum & Retroperitoneal Hemorrhage	2/9/38 about

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-4-38

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Woodward M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

13817 F 13817

CERTIFICATE OF DEATH

12-2 11-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 N. Calvert Street Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Wallace Shearer

(a) Residence: No. 2928 N. Calvert Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 5, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brass Mfger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. Shearer

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Agnes Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lillian Shearer

(Address) 2928 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. 2-11- 38

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 11 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938, to Feb. 9, 1938.

I last saw h alive on Feb. 9, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/6/38
Other contributory causes of importance: a Infection	2/5/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 936 E. Monument St.

F 13818

13818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital 16 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jerome A Kellum

(a) Residence: No. 827 W Lemmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kellum

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Epps

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Kellum

(Address) 827 N Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Lutrus Cem Date 2/11 38

19. UNDERTAKER T. E. Kelson

(Address) 1203 Pennsylvania Ave

20. FILED 2-11-1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis (unspecified) ?	Feb 9 1938

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 9-38

For what disease or injury? Ventriculography

Name of operation Spinal puncture Date of 2-9-38

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 20 Paragon St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13819

13819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. AGNES HOSPT. St. 26-7 Ward) Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WILLIAM BURGESS

If U. S. Veteran specify WAR

(a) Residence: No. 525 S. MACON ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	MARRIED.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ANN BURGESS

6. DATE OF BIRTH (month, day, year) MAR. 8 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SHIPBUILDER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME SAMUEL BURGESS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME ? HARRISON

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT ANN BURGESS (WIFE((Address) 525 S. MACON ST.

18. PUBLIC

Langdon & Mitchell 14/38

19. UNDERTAKER (Address) 403 S. Wolfe st.

Fally & Sulzbacher

20. FILED FEB 11 1938 19 Thurston Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Febc

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thurston Wilson, M. D. Coroner

(Address) 1822 W. Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13820

CERTIFICATE OF DEATH

30042 (MB)

Registered No. 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Smearman

(a) Residence: No. 847 S. Dallas Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/30/1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date FEB. 12 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED [illegible] Williams, M.D.

FEB 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938, to February 9, 1938.

I last saw him alive on February 9, 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state why No

(Signed) W. A. De Lauttle, M. D.

(Address) Baltimore City Hospitals

13821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13821

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-2 Ward)

Registered No. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma M. Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 4319 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 23. 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School #84

10. Date deceased last worked at this occupation (month and year) Jan 4. 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adolphus N. Weaver

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Schipperling

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Adolphus N. Weaver
(Address) 4319 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 12 1938

19. UNDERTAKER Mc Mus. John W. Pentel & Son
(Address) 801 W. Fayette St

FILED 2-11-38 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938 to Feb 9 1938

I last saw h[illegible] alive on Feb 9 1938. Death is said to have occurred on the date stated above, at 9 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pyelonephritis (left)	?
Other contributory causes of importance:	
Uremia	?

Was an operation performed? Yes Date of Jan 26 1938

For what disease or injury? Pyelonephritis

Name of operation Nephrotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify .....

(Signed) Geo. N. Brouillet M. D.

(Address) St. Joseph's Hospital

13822

HEALTH DEPARTMENT—CITY OF BALTIMORE

13822

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Potomac St., 6-1 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora M Frager

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 N Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel Frager

DATE OF BIRTH (month, day, year) Nov 28 1812

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Berger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora Frager (Address) 115 N Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 2/12 1938

19. UNDERTAKER John Ulrich (Address) 200 E Lanvale

20. FILED FEB 11 1938 Registrar Wilkens, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to February 9, 1938

I last saw her alive on February 9, 1938 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/6/38
Other contributory causes of importance: Acute Myocardial Failure	2/8/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Philip Levin Ardizzone M.D.

(Address) 2942 E. Fayette Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

13823

CERTIFICATE OF DEATH

13823

3-V 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S Durham st St. 3-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E Hoyt

(a) Residence: No. 708 S Durham st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hoyt

DATE OF BIRTH (month, day, year) March 28 th 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11 10	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Hoyt

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Elizabeth Breader

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Katherine Hoyt

(Address) 708 S Durham st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/11 1938

19. UNDERTAKER John Ulrich

(Address) 300 E Lanvale

20. FILED 19 Registrar

2/11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8 th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938 to Feb 8 1938

I last saw h alive on Feb 8 1938 Death is said to have occurred on the date stated above, at 2 A M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease (Hypertension)	
Apoplexy	Feb 5 1938

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Natural Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E A Schmuck M. D.

(Address) 842 S Eaton Ave.

13821 ✓ F 13824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Court Proj 25-5 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Church St. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Micnael Yajecznik

(a) Residence: No. 1500 Church St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND (or) WIFE Katherine Yajecznik

6. DATE OF BIRTH (month, day, year) Nov. 1800

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Anna Bakum
(Address) 1606 Church St

18. BURIAL, CREMATION, OR REMOVAL
Place CEDAR HILL Date FEB 12 1938

19. UNDERTAKER John Ullrich
(Address) Locust & Eutaw

20. FILED 19 Registrar

[illegible] Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) did that said deceased came
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so,

(Signed) [illegible] M. D.
Coroner

(Address) 3757 Walnut St

F 13825

13825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Clark

(a) Residence: No. 1204 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced	5b. Name of husband or wife
Widow	Harry Clark

6. DATE OF BIRTH (month, day, year) Dec 1st 61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Tefel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary A Stewart

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs N Barnett

(Address) 1308 Hollins street

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/12 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

Henry Fox Williams, M.D. Registrar

FILED 2 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hann, Jr. M. D. Coroner

(Address) 1215 Hanover

13826

HEALTH DEPARTMENT—CITY OF BALTIMORE

13826

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 W. Pratt St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Trogler

If U. S. Veteran specify WAR

(a) Residence: No. 2504 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma C. Trogler

6. DATE OF BIRTH (month, day, year): Feb. 13-1853

7. AGE: Years 84 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fire

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stock Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. John W. Trogler

(Address) 312 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb. 12 1938

19. UNDERTAKER: George L. Schwab.

(Address) 2101 Frederick Ave.

20. FILED 13 [illegible] M.D.

2/11/1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1938 to Feb 10th 1938

I last saw him alive on Feb 10th 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1937
(auricular fibrillation)	1 yr. 2 days
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Z. Bruce Hooper M. D.

(Address) 2565 Frederick Ave

13827 F 13827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Joseph Walters

If U. S. Veteran specify WAR World War

(a) Residence: No. 229 South Calhoun St., Balto. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Huss Walters

DATE OF BIRTH (month, day, year) November 22, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth Haines

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/14 38

19. UNDERTAKER Raymond A. Symington
(Address) 21 W. 25th St.

20. FILED ..... Registrar.

FEB 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937 to February 10, 1938

I last saw him alive on February ..., 19.. Death is said to have occurred on the date stated above, at 2:20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (carcinoma, epidermoid, transitional cell) tonsils Grade IV	May 1937
Pneumonia, lobular, bilateral, terminal	terminal

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-27-37

For what disease or injury? Cancer of tonsils

Name of operation Biopsy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Thos. A. Dever, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

FLM/6

13828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13828

#30541 SF

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ardman

If U. S. Veteran specify WAR

(a) Residence: No. 2629 Llewellyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) 12/5/1864

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Carlos

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 12 38

19. UNDERTAKER Leonard J. Buck
(Address) 5302 Harford Rd

20. FILED 19 Registrar.

FEB 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 9, 1938

I last saw her alive on February 9, 1938. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Saulles M. D.

(Address) Baltimore City Hospitals

13829) V 13829)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 66-B

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Frank Cofill — If U. S. Veteran specify WAR

(a) Residence: No. ... Sykesville, Md. St., ... Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marjorie Cofill

6. DATE OF BIRTH (month, day, year) 11/18-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Cofill

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillian Fowble

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marjorie Cofill: (Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date Feb. 13 1938

19. UNDERTAKER Weer & Son Inc. (Address) Sykesville, Md.

20. FILED FEB 11 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/38. 19

22. I HEREBY CERTIFY, That I attended deceased from February 15 1938 to Feb. 10, 1938

I last saw h(im) alive on Feb 10, 1938 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance are as follows:

Exophthalmic Goitre — Date of onset
Cardiac involvement & marked enlargement of heart, auricular fibrillation (decompensation)
Other contributory causes of importance:
Cyanosis
Generalized arteriosclerosis
Toxic Pneumonia

Was an operation performed? yes Date of 2-8-38

For what disease or injury? Exophthalmic Goitre & Cardiac Lesions

Name of operation Subtotal thyroidectomy

What test confirmed diagnosis? B.M.R. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19 —

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Dr. H. E. Jastromia, Jr. M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13836 — CERTIFICATE OF DEATH — 23 — F 13830

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard Jackson

(a) Residence: No. 420 N Bradford St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Viola Bradford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Viola Jackson

(Address) 420 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Feb 12 1938

19. UNDERTAKER Adolphus Habliel

(Address) 1 Bradford St

FEB 11 1938 Huntingtown Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2. 4. 1938 to 2. 8. 1938

I last saw him alive on 2. 8. 1938 Death is said to have occurred on the date stated above, at 145 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	?
	over

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

13831 CERTIFICATE OF DEATH F 13831

1. PLACE OF DEATH Baltimore City Hospital, 92-a Registered No. 1872
(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 11th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lutie Lucas

(a) Residence: No. 343 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Walter Lucas

6. DATE OF BIRTH (month, day, year) Oct. 7-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Aaron Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Minerva Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Anna Brantley

(Address) 343 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Nat. Zion Cem. Date Feb. 11 1938

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

20. FILED Feb 11 1938 Mertie E. Williams, Registrar

FEB 11 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Undertaker or Attorney or Inquiry) And that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	7 yrs
Arterio sclerosis	10 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

13832

HEALTH DEPARTMENT—CITY OF BALTIMORE

13832

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3426 Cardenas Ave. 8-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Van Fleet

If U. S. Veteran specify WAR

(a) Residence: No. Brantford Ontario Canada, (on a Visit) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P. Fleet

6. DATE OF BIRTH (month, day, year) Nov. 6th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Donald Manson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Ellen Craig

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Wm T. Edmeades

(Address) 3426 Cardenas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Ontario Canada Date Feb. 14th 1938

19. UNDERTAKER Fred. Lassalle & Son

(Address) 7401 Belair Rd.

FEB 11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1938 to Feb 10 1938

I last saw her alive on Feb. 9 1938 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	years
Organic Heart disease	years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard G. Read, M. D.

(Address) 2229 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13833 F 13833

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

Registered No. :

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Wm. T. Edwardes

(a) Residence: No. 3426 Cardenas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Helen Edwardes

6. DATE OF BIRTH (month, day, year) Jan. 25 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wm. T. Edwardes

14. BIRTHPLACE (city or town) Balto. County (State or country) Md.

MOTHER

15. MAIDEN NAME Laura V. Hayley

16. BIRTHPLACE (city or town) Balto. County (State or country) Md.

17. INFORMANT Helen Edwardes
(Address) 3426 Cardenas Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date Feb. 14 19...

19. UNDERTAKER Edith Lankford
(Address)

20. FEB 11 1938 19... H. Leighton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1938

22. I H. REBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Thompson, M. D.
Coroner

(Address) 1712 E. North Ave.

V 8 6

M. D. B. 1368-9

13831 HEALTH DEPARTMENT—CITY OF BALTIMORE 13831

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 12-7 Ward)

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lowman

(a) Residence: No. 2609 Hampden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roy W. Lowman

6. DATE OF BIRTH (month, day, year) Oct 21, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry A. Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hester A. Bouldin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roy W. Lowman

(Address) 2609 Hampden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 12, 1935

19. UNDERTAKER Thomas Tipton

(Address) 36 S. Fulton Ave

FILED Feb 14 1935 Registrar [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-7-35, 19, to 2-9-35, 19

I last saw h[illegible] alive on 2-9-35, 19 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	6 days
Influenza	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Seay

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43835

CERTIFICATE OF DEATH

19-1 13 F 43835

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Seay

If U. S. Veteran specify WAR .....

(a) Residence: No. 347 Ponce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1902

7. AGE: Years 35; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 7 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Joseph Bell

14. BIRTHPLACE (city or town) (State or country): Va

FATHER

15. MAIDEN NAME: Lucy Gray

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lucy Gray Bell

(Address) 1722 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. 2-12-38

19. UNDERTAKER: Bowers Bromley

(Address) 818 Ann St. New Ad.

FILED FEB 11 1938 19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2. 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2. 7. 1938 to 2. 8. 1938

I last saw her alive on 2. 8. 1938. Death is said to have occurred on the date stated above, at 11:35 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

acute staphylococcus — septicemia — 1.27.38

Other contributory causes of importance: none — 0000

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James W. Carr M. D.

(Address) 631 Mosher St

13836 13836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 732 N Hamburg St. St., 21-1 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard G Seck

If U. S. Veteran specify WAR

(a) Residence: No. 732 N Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ Geneva G Morris

6. DATE OF BIRTH (month, day, year) Aug 5 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	04	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) about 5 years ago

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Penfield Seck

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Catherine J Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geneva G Seck
(Address) 732 N Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Date Feb 12 38

19. UNDERTAKER Franklin H Seck
(Address) 814 N 36 St

20. FILED FEB 11 1938 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to February 9, 1938

I last saw h[illegible] alive on February 9, 1938 Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/1/35
Other contributory causes of importance: Pulmonary Hemorrhage	2 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 1015 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13837 — CERTIFICATE OF DEATH — 131 F 13837

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 W. Lexington St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Truitt

If U. S. Veteran specify WAR

(a) Residence: No. 2015 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Samuel Truitt

6. DATE OF BIRTH (month, day, year): Aug. 30, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): York, Pa.

FATHER

13. NAME: Bixler

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: George C. Truitt

(Address): 2015 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine pk. Date: Feb. 12/38

19. UNDERTAKER: Harry A. Tuttle

(Address): 4101 Edmondson Ave.

20. FILED: FEB 11 1938 [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1937 to Feb. 8, 1938

I last saw h.e.r. alive on Feb. 8, 1938 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Nephritis	
Chronic Myocarditis & Myocardial degeneration	
Other contributory causes of importance: Congestion of Lungs	1 wk.

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) James Blumberg M. D.

(Address) 2030 Hoffman St.

F 13838

34 1241
13838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Jones

(a) Residence: No. 907 S. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) June 16 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N-Car-

FATHER

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town) (State or country) N-Car-

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) N-Car-

17. INFORMANT Records-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington, N.C. Date Feb 11, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schodd St.

20. Feb 10 1938 19 Williams Funeral Home Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938 to Feb 9, 1938

I last saw her alive on Feb 9, 1938 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Due to Bacteriemia Streptococci	2-4-38
Other contributory causes of importance: Empyema	2-6-38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hosp.

13839 F 13839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 30387 (18) V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Keeney (Mildred C. Keeney)

(a) Residence: No. 1800 N. Charles Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/8/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Charles Keeney

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Jane Snow

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville, N.J. Date Feb. 12 1938

19. UNDERTAKER J. M. Donovan
(Address) 1005 E. Baltimore St.

20. FILED 1938 Registrar.

B 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1938 to February 11, 1938

I last saw her alive on February 11, 1938. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-11-38
Other contributory causes of importance: Cerebral Hemorrhage	1-11-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

M.F. 43840

F 43840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 Lexington Ave. St., 13-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Obras S. Hampson Life

(a) Residence: No. 735 Lexington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17th, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph Hampson

14. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret A. L. Tilley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT George Hampson

(Address) 731 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 12, 1938

19. UNDERTAKER C. H. Thurman

(Address) 1003 E. Baltimore St.

FEB 11 1938

(Date received) 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 23, 1937 to February 10, 1938

I last saw he alive on February 9, 1938 Death is said to have occurred on the date stated above, at 4.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis, Ulcerative	Oct. 1937
Peri-Rectal Abscess	Dec. 1937
Pulmonary Embolism	Feb. 10, 1938

Other contributory causes of importance:

Name of operation Incision of Abscess Date of 1-12-37

What test confirmed diagnosis Lab., Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Hofmeister, M. D.

(Address) 8 Eutaw Road Rt.

13841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13841

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Gotham St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Ludwig Kratzer Sr.

(a) Residence: No. 3504 Gotham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen L. Kratzer

6. DATE OF BIRTH (month, day, year) Nov. 11, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat Store

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Belle Me.

FATHER

13. NAME Frederick L. Kratzer

14. BIRTHPLACE (city or town) (State or country) Bolle Md.

MOTHER

15. MAIDEN NAME Mary Louise Landsmon

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ellen L. Kratzer

(Address) 3504 Gotham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb. 12 1938

19. UNDERTAKER Philip Herwig Sons.

(Address) 2016 Orleans St.

FILED FEB 11 1938 E. S. Williams Jr. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Feby. 9 1938

I last saw h alive on Feby. 9. 1938. Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Occlusion

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Cardiac Angina

Acute Heart Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Kratzer M. D.

(Address) 1648 W. North Ave.

F 43842

13842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Johnson. If U. S. Veteran specify WAR .....

(a) Residence: No. 543 W Lafayette Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (unknown)

6. DATE OF BIRTH (month, day, year) about 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address) 1519

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 11 1938 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

1 1938 19 ..... Registrar.

3821

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	about Dec 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George P. Allen M. D.
Coroner

(Address) 50 E Lexington St.

E 13843

13843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 5 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR

2. FULL NAME Laura Mack
(a) Residence: No. 323 E Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1

7. AGE 33 Years 53	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
13. NAME Mack
14. BIRTHPLACE (city or town) (State or country)

FATHER
15. MAIDEN NAME Mack
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... 19 .....

JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1938
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED FEB 11 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23-38, 19 .., to 2-7-, 19 38
I last saw him alive on 2-7-, 1938. Death is said to have occurred on the date stated above, at 9½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-24-
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ..
Where did Injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James D. Carr M. D.
(Address) 613 Morton St

13813 H

F 13841

13841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a #18737 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 15 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Laviole

(a) Residence: No. 1217 Gough St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Domonick

6. DATE OF BIRTH (month, day, year) Oct., 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph ?

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angeline ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 12, 38

19. UNDERTAKER Wendell J. Dippel

(Address) 1403 Gough St

20. FILED Huntington Williams, Reg

B 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to February 9, 1938

I last saw her alive on February 7, 1938. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeVautell, M. D.

(Address) Baltimore City Hospitals

E 13845

13845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Barry

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma J. Bailey

6. DATE OF BIRTH (month, day, year) 14 August 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME George Barron

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary Ann Craig

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus Supt.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb-12 1938

19. UNDERTAKER Rita Wiedefeld
(Address) 941 Greenmount Ave

Thurlington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934 to Feb 10, 1938

I last saw him alive on Feb 10, 1938 Death is said to have occurred on the date stated above, at 12:30 A m. Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Chr Nephritis	?
Arteriosclerosis	?

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Aspirat. Fat What test confirmed diagnosis? .....

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. Eric Barker, M. D.
(Address) 114 Washington Ave

13846 F 13846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH Convent of Notre Dame
CITY OF BALTIMORE: (No. 401 Aisquith St. 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister M. Tatiana Poeman

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Matthias Poeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sisters of Notre Dame
(Address) 401 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Feb 14 1938

19. UNDERTAKER Geo. M. Frost & Son
(Address) 511 N. Wolfe St

1 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 Feb. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to Feb. 11 1938

I last saw her alive on Feb. 10 1938 Death is said to have occurred on the date stated above, at 10.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis-chr	
Myocarditis-	
Other contributory causes of importance: Hypostatic pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) G. D. Tilly M. D.

(Address) 110 E. North Ave

F 13847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

Registered No. 23-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Light St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. F. Edward Smith

(a) Residence: No. 910 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian G. Smith

6. DATE OF BIRTH (month, day, year) Jan. 30, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison, Md.

MOTHER FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Annie A. Harrington

16. BIRTHPLACE (city or town) (State or country) Madison, Md.

17. INFORMANT Mrs. Lillian G. Smith
(Address) 910 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 12 19 38

19. UNDERTAKER WILLIAM M. MARECK.
(Address) 715 LIGHT ST.

20. FILED Huntington Williams, Asst. Registrar.
1938 H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14. 1937 to Feb 9/938. 19

I last saw h alive on Feb 10 1938 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio Renal Disease

Other contributory causes of importance: Diabetes & Kidneys

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. Edward Smith M. D.

(Address) 3136 Eastern Ave

F 13848

HEALTH DEPARTMENT—CITY OF BALTIMORE

13848

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH South Balto. Gen. Hosp. St., 34-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John L. Edwards

(a) Residence: No. 107 E. Cross St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland, Va.

MOTHER FATHER

12. NAME Charles R. Edwards

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia A. Douglass

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nena B. Garner

(Address) 2219 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 12, 38

19. UNDERTAKER WILLIAM M. MARECK

(Address) 715 LIGHT ST

20. FILED Huntington Williamsport H

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1938 to 2-9, 1938

I last saw h.r alive on 2-9, 1938 Death is said to have occurred on the date stated above, at 4p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Generalized arteriosclerosis	a
b Arteriosclerotic Cardiovas. Dis.	b
c Coronary sclerosis	c
d Congestive Heart Failure	d 1-8 38
Other contributory causes of importance: Papillary Carcinoma of Rectum	7

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louise J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

13849

HEALTH DEPARTMENT—CITY OF BALTIMORE

13849

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Garrison Blvd St.) (15-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Louise Rich

(a) Residence: No. 2309 Garrison Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND (or) WIFE of Clinton Rich

6. DATE OF BIRTH (month, day, year): Oct 3-1881

7. AGE: Years 56 | Months 4 | Days 8 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Walter Collier

14. BIRTHPLACE (city or town) (State or country): London England

MOTHER

15. MAIDEN NAME: Carrie Newcomb

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Clinton Rich 2309 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Feb 12 1938

19. UNDERTAKER (Address): H. Snyder Sons Funeral Home

FEB 11 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Feb 11 1938

I last saw her alive on Feb 10 1938. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Tuberculosis of the Intestines.	1935
Diabetes.	

Other contributory causes of importance: Nil

Was an operation performed? Nil Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? Nil If so, specify .....

(Signed) Walter Collier M. D.

(Address) 2309 Garrison Blvd

13850 E 13850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x95-B

1. PLACE OF DEATH St Agnes Hospital Registered No.

CITY OF BALTIMORE: (No. Wilkens and Fulton Ave St., 7 5 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Cecilia L Miller If U. S. Veteran specify WAR

(a) Residence: No. Summit Apts St., Catonsville Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William L. Miller

6. DATE OF BIRTH (month, day, year) Nov. 21,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 & 70	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William J. James.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Lester

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Catherine E. Miller

(Address) Summit Apts.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 2 38

19. UNDERTAKER Wm Pickup Sons

(Address) Monck & Pawes.

20. FILED 2 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1938

22. I HEREBY CERTIFY, That I attended deceased from January 21. 1938. to February 10. 1938

I last saw h alive on February 10. 1938. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-21-38
Enteroclenter Caldwell Disease.	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Laurence J Blumenthal M. D.

(Address) St. Agnes Hospital

13851 E 13851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2714 Reisterstown Rd. Ward) 5-5
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gibson
If U. S. Veteran specify WAR .....

(a) Residence: No. 2714 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Gibson

6. DATE OF BIRTH (month, day, year) Dec 24. 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mathews Co Va

FATHER
13. NAME Capt. Geo W. Kirwan
14. BIRTHPLACE (city or town) (State or country) Mathews Co Va

MOTHER
15. MAIDEN NAME Elizabeth Dorum
16. BIRTHPLACE (city or town) (State or country) Mathews Co Va

17. INFORMANT Charles H. Gibson
(Address) 2714 Reisterstown

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 12 19 38

19. UNDERTAKER W. J. Turner & Bro.
(Address) Reisterstown

20. FILED 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10/38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1-38 19 to Feb 10-38 19

I last saw her alive on Feb 10-38 19 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and paralysis	Feb 1/38

Other contributory causes of importance:
arterio-sclerosis
Cystitis about 2 weeks duration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Autopsy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Walter Dublin M. D.
(Address) 2220 Harlem Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12852

12852 164a cc

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH: Home

CITY OF BALTIMORE: (No. 3040 Hudson St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Jendnejewski

If U. S. Veteran specify WAR

(a) Residence: No. 3040 Hudson St., Ward.
(Usual place or abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) Feb 7-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leopold Jendnejewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Bertha Yannicki

16. BIRTHPLACE (city or town) (State or country) Rockville Conn

17. INFORMANT Milton Jendnejewski Son

(Address) 2827 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hamilton Cem Date Feb 12 1938

19. UNDERTAKER Hesher & Tallowski Inc

(Address) 1001 Linwood Ave

20. FILED Feb 14 1938 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

had by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, by Carbon Monoxid Gas,	Feb. 9-1938
Insane Delusions of persecution	1935
Springfield State Hospital	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb. 9, 1938.

Where did injury occur? 3040 Hudson St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Removed Cap from Gas pipe

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

F 43853

43853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S.? If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Edward McBride
If U. S. Veteran specify WAR .....

(a) Residence: No. 512 E. 20th St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. McBride

6. DATE OF BIRTH (month, day, year) about March 19 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel McBride

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Raleigh

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wm Smith
(Address) 512 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Feb 11 38

19. UNDERTAKER Geo F Speer Jr
(Address) 512 Baltimore St

1 1938 Registered Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-22-38, 19, to 2-11-38, 19

I last saw h. alive on 2-11-38, 19. Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	2-4-38
Benign prostatic hypertrophy	1931
Arteriosclerotic heart disease	?
Senile debility	2yr. ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-3-38
For what disease or injury? Benign prostatic hypertrophy
Name of operation Suprapubic prostatectomy.
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis M. Weaver, M.D.
(Address) Union Memorial Hospital

13851 F 13854

13851 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital (Ward)

Length of residence in city or town) where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James L. Crawford If U. S. Veteran specify WAR

(a) Residence: No. 830 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6.11.37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Garland Crawford

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Viola Davenport

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Viola Crawford
(Address) 830 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 2, 4, 38

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED 2 1938 19 Huntington Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.1.38 19 38

22. I HEREBY CERTIFY, That I attended deceased from 2.5. 19 38 to 2.10. 19 38

I last saw h[illegible] alive on 2.10. 19 38 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular broncho pneumonia	1.25.38
Other contributory causes of importance: Otitis media, bilateral — Malnutrition	2.7.38

Was an operation performed? No Date of 2.5.38

For what disease or injury? Otitis media

Name of operation myringotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James L. Cox M. D.

(Address) 1515 Madison Ave

✓ F 43855

43855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Markland Ave Ward) 23-12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Sarah E. Hughes

If U.S. Veteran specify WAR No Record.

(a) Residence: No. 410 Markland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. ~~Married, Widowed, or Divorced~~ HUSBAND of (or) WIFE of Joseph F.

6. DATE OF BIRTH (month, day, year) Feb 6-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	6	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Balto. Md.

FATHER

13. NAME Isaac D. McNeal

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Larrimore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha E. Mowath

(Address) 410 Markland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount 2/12 1938

19. UNDERTAKER Wm Cooke

(Address) 1217 at Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 3 PM

21. DATE OF DEATH (month, day, year) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1938, to Feb. 10 1938

I last saw her alive on Feb. 10 1938. Death is said to have occurred on the date stated above, at 3:00 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Cole M. D.

(Address) 6014 York Road

12/1938

Registrar

F 13856

HEALTH DEPARTMENT—CITY OF BALTIMORE

13856

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Brohawn Ave Ward) Lakeland

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Hattenberger

If U.S. Veteran specify WAR Co Record

(a) Residence: No. 2509 Brohawn Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — (or) WIFE of: Francis W.

6. DATE OF BIRTH (month, day, year): Dec 20 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William Simon
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Francis Hattenberger
(Address): 2509 Brohawn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Ridge Date: Feb 14th 1938

19. UNDERTAKER: Wm Cook
(Address): 1217 St. Paul St

20. FILED 19 Harrison Williams Registrar
FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): FEB 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from FEB 5, 1938, to FEB 10, 1938.

I last saw her alive on FEB 9, 1938. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	2-3-38
ARTERIOSCLEROSIS	?

Other contributary causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Edward J Mihan M. D.
(Address) 682 W 5511

F 13857

3857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29718--CM 50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosts. St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Caroline Duncan

(a) Residence: No. 408 Kensington Rd. St., Ten Hills Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A. Duncan

6. DATE OF BIRTH (month, day, year) 9-6-1860

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER FATHER

13. NAME John Schwartze

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Arietta Willis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Baltimore City Hosp'ls
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 14th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED 19 Huntington Williams, Mgr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1938 to 2-11 1938

I last saw her alive on 2-10 1938 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right breast with metastasis (Autopsy)	
Pathological fracture left femur	
Other contributory causes of importance:	

Was an operation performed? Ncd Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13858

CERTIFICATE OF DEATH

207-M F 13858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore General Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles R. Banks

(a) Residence: No. 1117 Ward St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ellsworth Banks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Mendell

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Mrs. Raymond L. Mendell
(Address) 1117 Ward St.,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Date 2/12/1938

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

FEB 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 10. 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Walking beside the tracks at

Manner of injury Foot of Scott St (B&O.R.R.

Nature of injury Struck by Train

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V S 6

13859 E 13859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-6 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Peter Berry

(a) Residence: No. 1042 Distribution St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner Loom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Factory

10. Date deceased last worked at this occupation (month and year) 3-38

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Turkey

FATHER

13. NAME D. Berry

14. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER

15. MAIDEN NAME Elizabeth Zolotes

16. BIRTHPLACE (city or town) (State or country) Turkey

17. INFORMANT Elizabeth Berry

(Address) 1042 Distribution St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/12, 1938

19. UNDERTAKER J. Ferguson Reese

(Address) Westminster Md

Huntington Williams, M.D. Registrar

20. FILED 2/11, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-10-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel C. Wolfe Coroner, M. D.

(Address) 1331 E. Monument St.

F 13860

13860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30070 JS

Registered No. 468

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 4-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Dunser or Dumser
If U. S. Veteran specify WAR

(a) Residence: No. 108 Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 9-14-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Leonard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 2/14/38

19. UNDERTAKER George J. Ehrhart
(Address) 3911 Eastern Ave.

20. FILED 2/15 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1938, to 2-11, 1938

I last saw h. in alive on 2-11 1938 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pylorus	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 1/27/38

For what disease or injury? Pyloric obstruction

Name of operation Antrion gastro entrostomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13861 ✓ E 12861

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 2926 Clifton Park terrace

CITY OF BALTIMORE: (No. ~~1134 Potomac~~ St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Beulah Burdette If U. S. Veteran specify WAR

(a) Residence: No. 2926 Clifton Park terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Arthur M Burdette

6. DATE OF BIRTH (month, day, year) Mar 16 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Hickman Gill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella E Cross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Arthur Burdette (Address) 2926 Clifton Park Ter

18. BURIAL, CREMATION, OR REMOVAL Place Westview Cem Date 2/14/38

19. UNDERTAKER John Allred & Son (Address) 201 E Preston

20. [illegible] Registrar.

12 [illegible]

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1938, to 2-10, 1938

I last saw her alive on 2-10, 1938 Death is said to have occurred on the date stated above, at 9 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	Unknown
Edema of lungs	2-7-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) George H Jones M. D.

(Address) Baltimore City Hospitals

E 13862

13862

HEALTH DEPARTMENT—CITY OF BALTIMORE

823 C C

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals 2-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 26 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Postanowicz (or Mrs. Frank)
If U. S. Veteran specify WAR

(a) Residence: No. 570 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Postanowicz

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None
10. Date deceased last worked at this occupation (month and year) Jan 1938
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Rogalewski Daughter
(Address) 2341 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 14, 1938

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

Registered Feb 21 1938 Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Left Hemiplegia — Date of onset 16 Hours

Other contributory causes of importance: Hypertension, Arterio, Sclerosis — Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 712 N. Broad St

HEALTH DEPARTMENT—CITY OF BALTIMORE

13863 F 13863

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Jefferson St., 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Rigdon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1211 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Rigdon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Torrance

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Matilda Fecuto

(Address) 1211 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 2/14 1938

19. UNDERTAKER Joseph S. Locks, Jr.

(Address) 302 Jefferson St.

20. FILED FEB 12 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1938 to 2/9 1938

I last saw him alive on 2/9 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	2/8/38
Hypertension Blood Pressure	1 Y
& Arteriosclerosis	
Other contributory causes of importance:	
Arterio-Sclerosis	Indefinite
non-Alcoholic	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Isaac R. Blake M. D.

(Address) 924 Virginia Ave

Huntington Williams, M.D.

83

HEALTH DEPARTMENT—CITY OF BALTIMORE

13864 × 9 F 13864

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Murphy

(a) Residence: No. Forest Hill W. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Dec 10, 1933

7. AGE: Years 4 | Months 10 11 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

13. NAME James R. Murphy

14. BIRTHPLACE (city or town) (State or country): Md.

FATHER

15. MAIDEN NAME Gertrude Gaylord

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Dorothy Hall

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date Feb 4 38

19. UNDERTAKER: Elsie Long

(Address) Elkton Md.

20. FILED FEB 12 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1938.

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1938, to February 11, 1938.

I last saw h & r alive on February 11, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

(a) Bronchopneumonia (Diff) — Date of onset Jan 30

Whooping Cough. — Dec 18th

Second Degree Burns Thorax — over

Other contributory causes of importance:

Peripheral Circulatory Failure; Delirium; Dehydration

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital

13865

HEALTH DEPARTMENT—CITY OF BALTIMORE

13865 H

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Herndon

(a) Residence: No. 6a Tapsco Mark St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married), Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Herndon

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Director's Store

10. Date deceased last worked at this occupation (month and year) 38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Herndon

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Celia (?)

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 12 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19..... Huntington Williams Supt.

12 1938 3822 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5-38, 19..., to 2-9-38, 19...

I last saw h(er) alive on 2/4/38, 19... Death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	2/4/38
Bronch pneumonia	
Bilateral	2/4/38
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edw. E. Kaufman, M. D.

(Address) University Hospital

13866 E 13866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 96-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Radosay

(a) Residence: No. 3104 Wilkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mita Radosay

6. DATE OF BIRTH (month, day, year) Dec. 18th, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mita Radosay
(Address) 3104 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lindenberk Feb 14 1938

19. UNDERTAKER Frederick A. Dole
(Address) 1200 W Lombard St

20. FILED FEB 21 1938 H. Augustus Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Feb 9, 1938

I last saw her alive on Feb 8, 1938 Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis embolism	

Other contributory causes of importance: arteriosclerotic heart disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S Rubin, M. D.

(Address) 203 Polaski ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

13867 13867

CERTIFICATE OF DEATH

95-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Westchester Rd. St. 28-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Carey

(a) Residence: No. 4107 Westchester Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Hood Carey

6. DATE OF BIRTH (month, day, year) Feb. 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	11	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME James Carey

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

MOTHER

15. MAIDEN NAME Mary Specht

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT James K. Carey
(Address) 4107 Westchester Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md. Date Feb 15 1938

19. UNDERTAKER Frederick A. Cole
(Address) 200 W Lombard St

20. FILED 21938 Washington Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1938 to Feb 12, 1938.

I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 12 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1937
Cerebral hemorrhage	1/23/38
heart block	1/27/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dwight T. Kemp, M. D.

(Address) 3030 Edmondson Ave.

F 13868

HEALTH DEPARTMENT—CITY OF BALTIMORE

13868

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 82-F cc

CITY OF BALTIMORE: (No. Bay View St., 1-1 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Lang

(a) Residence: No. 26 N. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alphonse Lang

6. DATE OF BIRTH (month, day, year) Jan. 13 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Rhode (dead)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ruth McQuay

(Address) 310 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Feb. 13. 1938

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander

(Address) Baltimore & Brongway.

20. FILED Feb 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence adopted to wit, (Inquest or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb. 9 1938
Arteriosclerosis, Obesity	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

2 1938

V 58

13869

HEALTH DEPARTMENT—CITY OF BALTIMORE

13869

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 108
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., Ward) 19-4
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR

2. FULL NAME Russell Kindle

(a) Residence: No. 1837 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Simon Kindle
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Lucy Jones
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Simon Kindle
(Address) 1837 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 2/15 38

19. UNDERTAKER D. D. Cranston
(Address) 21 W. 25 St.

20. FILED ..... 19..... Registrar.

FEB 13 1938 Cranston Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/1938.

22. I HEREBY CERTIFY, That I attended deceased from 2/9/1938. to 2/11/1938.
I last saw him alive on 2/11/1938. Death is said to have occurred on the date stated above, at 1511 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia rt apices	2-6-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Laurence J. Steinmark M. D.
(Address) St. Agnes Hospital

F 13870

HEALTH DEPARTMENT—CITY OF BALTIMORE

13870

CERTIFICATE OF DEATH

9-8-93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E. 20th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran (specify WAR) No Record

2. FULL NAME Lottie E Jenkyns

(a) Residence: No. 810 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E.

6. DATE OF BIRTH (month, day, year) Oct 19 1855

7. AGE: Years 82 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: good
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: David Krebs
14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Elizabeth Carlisle
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Elizabeth D Bailey
(Address) 810 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: Feb 14 1938

19. UNDERTAKER: Wm Cook & Paul Cook
(Address) 1247 at Paul St

20. FILED: FEB 13 1938 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938, to Feb. 11, 1938

I last saw her alive on Feb. 10, 1938. Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset 1 wk.

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. W. Guyton M. D.

(Address) 3963 Greenmount Ave.

F 13871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13871

30664 JS

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Merkell
If U. S. Veteran, specify WAR No Record

(a) Residence: No. 405 Denver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1-31-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Ellis
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Elizebeth Frier
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-6-1938

19. UNDERTAKER W. S. Bode
(Address) 1217 St. Paul St.

20. FILED 2-13-1938 Henry W. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to February 10, 1938.
I last saw him alive on February 10, 1938. Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. A. De Sanctis M. D.
(Address) Baltimore City Hospitals

F 13872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13872

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2124 Aukeu St., 9 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Mary Steinert If U.S. Veteran specify WAR No Record

(a) Residence: No. 2124 Aukeu St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Elmer D. Steinert

6. DATE OF BIRTH (month, day, year): Sept 4-1883

7. AGE: Years 54 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Williamsport Penna

FATHER

13. NAME: John Miller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Alverta

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Elmer D Steinert
(Address) 2124 Aukeu St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date: 2/15/ 1938

19. UNDERTAKER: Williams Cook
(Address) 1217 St Paul St

20. FILED 2-13-1938 H. Lindsay Williams Registrar

MEDICAL CERTIFICATE OF DEATH 5 AM

21. DATE OF DEATH (month, day, year): Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1938 to Feb 12, 1938

I last saw her alive on Feb 11, 1938 Death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7th
Other contributory causes of importance: Myocardial Insufficiency	2 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Ed L Schumann M. D.

(Address) 2858 Maryland Ave

13873

HEALTH DEPARTMENT—CITY OF BALTIMORE

13873

CERTIFICATE OF DEATH

27-446-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4115 La Salle Ave Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Martin Busch

(a) Residence: No. 4115 La Salle Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Rosa

6. DATE OF BIRTH (month, day, year) Dec 25-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw; er, bookkeeper, etc. Restaurant owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME David Busch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Suzzane

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rosa Busch
(Address) 4115 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 2-14 1938

19. UNDERTAKER Williams Cook
(Address) 2127 St Paul St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH 4:30 PM.

21. DATE OF DEATH (month, day, year) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937 to Feb 10 1938

I last saw h alive on Feb 10 1938 Death is said to have occurred on the date stated above, 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	2/7/38
b	
c	
d	

Other contributory causes of importance

Bonard Liver 8/1/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) C. H. Hamilton M. D.

(Address) 1 E Madison St

13874 F 13874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-G

13-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Max B. Kohn

(a) Residence: No. 2100 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Rachel Kohn

6. DATE OF BIRTH (month, day, year) July 15, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning & Dyeing

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Estab.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Hymar Kohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Sidney B. Kohn 2100 Park Ave.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Mt. Sinai Cem. Phila. Pa. Date Feb. 14, 1938

19. UNDERTAKER (Address) Harry Goodheim & Son 1902 Eutaw Place

20. FILED Feb 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1937 to Feb. 12, 1938

I last saw him alive on Feb 12, 1938 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Sputum carcinoma Pasteur's anemia — Date of onset Mar. 1937

over

Other contributory causes of importance:

Was an operation performed? yes Date of Jan. 4, 1938

For what disease or injury? Subperiosteal mass MASS

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Ney M. D.

(Address) Sinai Hospital

Higbee

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13875

4387-5

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jesse Higbee
(a) Residence: No. 516 Rappaella St., 26-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married Elsie Higbee

6. DATE OF BIRTH (month, day, year) 2/11/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitary Earthenware
10. Date deceased last worked at this occupation (month and year) Feb 1938
11. Total time (years) spent in this occupation 40
12. BIRTHPLACE (city or town) (State or country) Hillsboro Ohio

FATHER
13. NAME Heathen Higbee
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Elsie Higbee
(Address) 516 Rappalla St

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville Ky Date 2/13/38

19. UNDERTAKER John Ullrich
(Address) 200 Adams

20. FILED 2/13/1938 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938 to Feb. 12, 1938
I last saw him alive on Feb. 12, 1938 Death is said to have occurred on the date stated above, at 2:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb. 9
Other contributory causes of importance Cardiac failure	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nachman Davidson, M. D.
(Address) University Hospital

F 13876

13876 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 15-2 ✓94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1644 N. Payson St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Silverman
If U. S. Veteran specify WAR .....

(a) Residence: No. 1644 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Silverman

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jonie Silverman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Windor
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Silverman
(Address) 1644 N Payson St

18. BURIAL, CREMATION, OR REMOVAL 2-14-38
Rosedale

19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Baltimore St

20. FILED FEB 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Feb 13, 1938

I last saw h... alive on Feb 13, 1938 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/10/38
Other contributory causes of importance: Hemiplegia Right side	1/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Kallina M. D.

(Address) 1837 W. North Ave

13877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13877

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E. Balto St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joshua H. Pelovitz

(a) Residence: No. 1416 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mendel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Grishia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ethel Pelovitz

(Address) 1416 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 2-13-38. 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1732 E. Balto St

20. FILED 19 Registrar

2 13 1938 Huntington & Williams, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1938, to Feb 13, 1938

I last saw him alive on Feb 13, 1938. Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	2/11/38
Acute Cardiac Dilatation	

Other contributory causes of importance: Cerebral Hypertension Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Feldman M. D.

(Address) 1419 E. Balto St

M. D. B 1268-9

F 13878

13878 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-B-90

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M Barry If U. S. Veteran specify WAR .....

(a) Residence: No. 925 E. Biddle St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Florence M. Beggs

6. DATE OF BIRTH (month, day, year) June 9 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dept

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

FATHER

13. NAME John Barry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Gray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Florence M Barry

(Address) 925 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Cemetery Feb 14, 1938

19. UNDERTAKER Edward J Coughlin

(Address) 924 E Baltimore St

FILED 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dissecting aneurism of aorta	Feb 10

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1402 E. North Ave

13879 13879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (Carlton apts.)

CITY OF BALTIMORE: (No.) 3507 N. Charles St., 12-2 Ward.

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Charles Barnes Pendleton If U. S. Veteran specify WAR .....

(a) Residence: No. 3507 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Morris

6. DATE OF BIRTH (month, day, year) Sept 26 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Broker

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Henry Pendleton

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mathilda Barnes

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mildred Morris Pendleton
(Address) 3507 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL Lombard-Fremont
Place Old St Paul's Cem Date Feb 14 38

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) McCulloh-Orchard Sts

FEB 17 1938 ..... 19 ..... Registrar .....

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 36 to Feb 12 1938

I last saw h. alive on Feb 12 1938 Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Sclerosis	Mar 1933
(b) Cerebral Hemorrhage	
(c) Chronic Nephritis	
Contributory	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. B. Townsend M. D.

(Address) 3408 N. Charles

13880 HEALTH DEPARTMENT—CITY OF BALTIMORE 13880

CERTIFICATE OF DEATH

X 100

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Balt Gen Hosp St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME August C Weber

(a) Residence: No. Chase Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Rachael H. Weber

6. DATE OF BIRTH (month, day, year) November 16 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Construction

10. Date deceased last worked at this occupation (month and year) Jan. 1st 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lulus Habermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife of Deceased
(Address) Chase Md.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Feb. 16 1938

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED 1938 Remington Williams M.D. Registrar.

FEB 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1938 to 2-12, 1938

I last saw h... alive on 2-12-38, 19... Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
Thrombophlebitis 9th Leg.

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

13881 F 13881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Beech Ave. St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Wait Holman

(a) Residence: No. 3820 Beech Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Willis Holman

6. DATE OF BIRTH (month, day, year) Sept. 5, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Ohio

FATHER

13. NAME John H. Wait

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Malvina D. Sykes

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Natalie Holman Cowley

(Address) 3820 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, Ohio Date Feb. 13 19 38

19. UNDERTAKER [illegible]

(Address) [illegible]

19 Registered No.

[illegible] Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset 2/12/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans Coroner M. D.

(Address) Coroner

8 1 1938

V S 6

13882 HEALTH DEPARTMENT—CITY OF BALTIMORE 13882

CERTIFICATE OF DEATH

12-293-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatarium St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Ida E. Thurlow If U.S Veteran specify WAR ---

(a) Residence: No. 3036 Guilford Avenue St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Young Thurlow

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Grothaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Wessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Chas. A. Conklin
(Address) 5219 Springlake Way

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 2/14 38

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St.

20. FILED ..... 19 ..... Registrar

B13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937 to February 12. 1938

I last saw h-er alive on February 12. 1938. Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept, 1937
Other contributory causes of importance: Acute glomerular nephritis	Dec. 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry T. Colcolough M. D.

(Address) 2 W. Read Street

1388 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

1388 3

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Chapel St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary V. Cassidy,

(a) Residence: No. 209 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Cassidy.

6. DATE OF BIRTH (month, day, year) March 14. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Bowen,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Eliza Treadway,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Wm. H. Stahl, Washington D. C
(Address) 2408 Penna Ave N.W.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date FEB 14 1938

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave,

20. FILED 1938 Registrar

FEB 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 12 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 12, 1938
I last saw h alive on February 12, 1938 Death is said to have occurred on the date stated above, at 12 m. noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Cerebro Sclerosis	1933
Sclero myocarditis	1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Melbourne L. Solomon, M. D.
(Address) 129 S. Broadway

F 13881

F 13881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2537 Oak St St., 12-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S Veteran specify WAR .....

2. FULL NAME Elizabeth Slaughter

(a) Residence: No. 2537 Oak St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME Garrison Slaughter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hattie Johnson
(Address) 2537 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem Date 2/14/ 19 38

19. UNDERTAKER Frances A. Hemsley
(Address) 538 W. Biddle St

20. FILED ... 19 ... Registrar

B 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to Feb 11 1938

I last saw h alive on Feb 10 1938. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Renal disease	Probably 1 yr.
Other contributory causes of importance: Hypertension	1 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. J. Young M. D.
(Address) 1429 E Monument St

13885 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 13885

CERTIFICATE OF DEATH

26-3107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Smallwood St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Garner Anderson

(a) Residence: No. 2000 N. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 26, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	- -	4	17/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Fredolf Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Grace Dunkerly

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Fredolf Anderson
(Address) 2000 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 14 1938

19. UNDERTAKER [illegible]
(Address) 1983 E. Baltimore St.

20. FILED [illegible] Registrar.

FEB 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938, to Feb. 12, 1938

I last saw him alive on Feb. 12, 1938. Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-Pneumonia.	2 Days

Other contributory causes of importance:

None.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Norton, M. D.
(Address) 888 N. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1388 1388

CERTIFICATE OF DEATH

47-C

Registered No. 8-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501-W. Caroline Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Angela Foley

If U. S. Veteran specify WAR

(a) Residence: No. 1501-W. Caroline Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) 10/2/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John T. Foley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss. Ann Foley
(Address) 1501-W. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 2/14/38

19. UNDERTAKER George J. Ruth Inc.
(Address) 1725-Harford Ave.

20. FILED FEB 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5 1935 to February 10 1938

I last saw her alive on February 9 1938 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the naso-pharynx. General Metastases	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 27 1936

For what disease or injury? Carcinoma

Name of operation Excision of Cervical Gland

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Albert L. Singewald M. D.

(Address) 1613 E. North Ave.,

F 43887

43887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A3487

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Cumberland St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Mr Mary B. Lewis

(a) Residence: No. 716 Cumberland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Lewis

6. DATE OF BIRTH (month, day, year) Feb 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home (?)

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. C. Lee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. Lewis

(Address) 716 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2/14/38

19. UNDERTAKER Richard Sweeney & Co

(Address) 1600 Ashburton Blvd

B131938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 19 38 to Feb 11, 19 38

I last saw her alive on Feb 8, 1938. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Broad. Pneumonia	one
age 74 yrs	
Other contributory causes of importance:	
Chronic Myocarditis	one
Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? 716 Cumberland St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell off step

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams, M. D.

(Address) 1600 Ashburton Blvd

43888 F 43888

HEALTH DEPARTMENT—CITY OF BALTIMORE

43888 × 121

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 6-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry Temple

If U. S. Veteran specify WAR

(a) Residence: No. Lawrenceville St., ... Ward. Virginia (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 ~~44~~	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year) Jany 25 1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Lawrenceville Va.

FATHER

13. NAME E R Temple

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Patty Temple

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Henry Temple (Address) Lawrenceville Va Relation

18. BURIAL, CREMATION, OR REMOVAL Place Lawrenceville Va Date Feb 13/38

19. UNDERTAKER Wellons Legg (Address) 12-17 St Paul St

20. FILED FEB 13 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to Feb 13, 1938

I last saw him alive on Feb 13, 1938 Death is said to have occurred on the date stated above, at 3.35 p.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis — Date of onset, 1-25-38

Other contributory causes of importance: Generalized peritonitis — 2-5-38

Was an operation performed? yes Date of 2-8-38

For what disease or injury? Appendicitis

Name of operation Abdominal Drainage

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf

43889 F 43889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-5-95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 East 21st St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mary E Matthews

(a) Residence: No. 23 E 21st St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhom I Matthews

6. DATE OF BIRTH (month, day, year) Oct 31 1859

7. AGE — Years 78 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 5 38

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Allen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary J Edmunson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Matthews
(Address) 623 E 21st St.

18. BURIAL, CREMATION, OR REMOVAL Easiland Cem Stockton Rd 2/16 38

19. UNDERTAKER Fulton Corbin
(Address) 1217 E Fayette

20. FILED 2 14 1938 Arlington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Feb 13 1938

I last saw her alive on Feb 12 1938 Death is said to have occurred on the date stated above, at 12:15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic Heart disease	5 yrs
Other contributory causes of importance: arteriosclerosis	4 yrs

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no (If so, specify)

(Signed) Wood Hall M.D.

(Address) 2020 N. Charles St

43890

F 43890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 W North Ave St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate D. Condon

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2921 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 16 1863

7. AGE: Years 74 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va.

FATHER

13. NAME: Christopher Hall Condon

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Cynthia Hall Condon

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs Toney Goldsmith

(Address) 2921 W North Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Norfolk Va. Date 2/13 1938

19. UNDERTAKER: Wm Cox

(Address) 1314 E Gould St

Huntington Williams, W Va.

20. FILED FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1930 to Feb 12 1938

I last saw h W alive on Feb 12 1938 Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	

Other contributory causes of importance: Carcinoma intestines

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest H. Palen M. D.

(Address) 1735 Poplar Ave. Ext.

FEB 14 1938

43891 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43891

CERTIFICATE OF DEATH

94-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N Payson St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L Nixon

If U.S. Veteran specify WAR .... No.

(a) Residence: No. 240 N Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Nixon

7. DATE OF BIRTH (month, day, year): Feb 11 1854

8. AGE — Years: 84 | Months: 0 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caterer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
11. Date deceased last worked at this occupation (month, day, year): Feb 10 1938 — Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Charleston S C

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: H Owens
(Address): 240 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 2/16/38

19. UNDERTAKER: Fulton Co
(Address): 127 N Fremont St

20. FILED FEB 14 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to February 13, 1938.
I last saw him alive on Feb. 13, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 12
Other contributory causes of importance: Arteriosclerosis	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) Edward L. Mortimer Jr. M. D.
(Address) 2801 St Paul St

F 43892 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43892

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipality Hospital St. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 16 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Mary Mills

If U. S. Veteran specify WAR Record

(a) Residence: No. Winchester Sta, 6-4Co Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of William E Mills

6. DATE OF BIRTH (month, day, year) Jan 26 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Conick

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Emma Freburger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm E Mills

(Address) Winchester Sta Md

18. BURIAL, CREMATION, OR REMOVAL

By London Cook Date 2/16 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED 2-17-1938 Registrar.

2-14-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1/38 19..., to 2/14/38 19...

I last saw her alive on 2/1/38 19... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/1/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. Ross Gill, M. D.

(Address) Municipality Hos.

43893 F 43893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1808 E. Oliver St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5th yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis C. Dretjen
If U.S. Veteran specify WAR No Record

(a) Residence: No. 1808 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Book Store
10. Date deceased last worked at this occupation (month and year) Dec 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Fjark Dretjen
14. BIRTHPLACE (city or town) (State or country) Bremerhaben Germany

MOTHER

15. MAIDEN NAME Betty Raschen
16. BIRTHPLACE (city or town) (State or country) Bremerhaben Germany

17. INFORMANT Chas. T. Dretjen
(Address) 810 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 15th 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED 2 14 1938 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1938 to Feb 12 1938
I last saw h[illegible] alive on Feb. 12 1938 Death is said to have occurred on the date stated above, at 4.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Dec 1937
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Alfred A Bendick M. D.
(Address) 4006 Parkwood Ave

F 43894

43894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Longwood St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbert A. Klein

If U. S. Veteran specify WAR

(a) Residence: No. 525 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Dean

6. DATE OF BIRTH (month, day, year) Oct. 12, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist for 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Clare Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Christian Klein

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Knoop

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Estella Klein
(Address) 525 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 14, 1938

19. UNDERTAKER Pita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... 19... Registrar

FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10 1937 to Feb 11, 1938

I last saw him alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 5.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W Michel M. D.

(Address) 1901 Eutaw Place

13895 HEALTH DEPARTMENT—CITY OF BALTIMORE 13895

CERTIFICATE OF DEATH

✓ 156-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Garrison Blvd St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Ann Cross

(a) Residence: No. 2707 Garrison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 13, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Harry Cross

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Morris

16. BIRTHPLACE (city or town) (State or country) Queenstown Md

17. INFORMANT Father J. Harry Cross

(Address) 2707 Garrison

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 14 1938

19. UNDERTAKER Frank V. Peloso

(Address) 281 E. Balto St

20. FILED ... 19 ... Registrar

Huntington Williams, M.D.

3 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 6/37. 19 ... to Feb 12/38. 19 ...

I last saw her alive on Feb 9/38. 19 ... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Amyotonia	
Other contributory causes of importance: Congenital Amyotonia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Phrenicectomy

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify ...

(Signed) Walter Stubbett M. D.

(Address) 2220 Garrison Blvd

43896

HEALTH DEPARTMENT—CITY OF BALTIMORE

43896

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Hamilton Ave. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Rice

If U.S. Veteran specify WAR

(a) Residence: No. 3213 Hamilton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed.

5a. If married, widowed, or divorced [illegible] of (or) WIFE of Clarke Rice

6. DATE OF BIRTH (month, day, year) Jan. 3. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John M. Chance

14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME ? Norris

16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT Harry G. Tyson

(Address) 3213 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 14 38

19. UNDERTAKER H. W. Peregoy

(Address) 440 E. [illegible] Ave

FEB 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 9 1938 to Feby 11 1938

I last saw h[illegible] alive on Feby 11 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Left Hemiplegia (Cerebral Hemorrhage) — Date of onset Feby 9

Other contributory causes of importance: Arterio-Sclerosis (a number of years) — a number of years

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? ✓ Was there an autopsy? No

21. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen ave city

formerly 5543 Harford Rd

43897 F 43897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Edmondson Ave. St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella M. Didenhoover

(a) Residence: No. 1906 Edmondson Ave St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 18[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. poor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balti, Co.

FATHER

13. NAME William Didenhoover

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Martha J. Baldwin

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Mrs E. A. Pepman

(Address) Jersey City Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Feb 14, 1938

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED Feb 14 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Feb, 12th, 1938

I last saw her alive on Feb, 11th, 1938. Death is said to have occurred on the date stated above, at 12.28 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterr and Rectum,	June-1937

Other contributory causes of importance:

No complications,

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. R Phillips M. D.

(Address) 1939 Edmondson Ave

43898

HEALTH DEPARTMENT—CITY OF BALTIMORE 43898

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 E Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie J. Beall

If U. S. Veteran specify WAR

(a) Residence: No. 1237 E. Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H Beall

6. DATE OF BIRTH (month, day, year) Dec 3, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John McMahon

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah A Ely.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Lydia Rock

(Address) 1237 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 9-10-38

19. UNDERTAKER John Allers & Son

(Address) Woodlawn

14 1938

FILED 19 ... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1937 to Sept. 12 1938

I last saw him alive on Sept. 11 1938. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Myocarditis.	

Other contributory causes of importance:

Acute Confusion Delirium

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury No.

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) H. Fillman, M. D.

(Address) 1502 E Chase St.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43899 CERTIFICATE OF DEATH ✓ 120 F 43899

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for the Women of Md. St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mrs. Eva Spitzner Evans

If U.S. Veteran specify WAR

(a) Residence: No. 1403 Cold Spring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence W. Evans

6. DATE OF BIRTH (month, day, year) July 13, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Spitzer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bertie McDaniel

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence W. Evans (Address) 1403 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Loudon Cem. Co. Date Feb 15, 1938

19. UNDERTAKER Thenowerth Son (Address) 3615 Edmondson Ave

FEB 14 1938 Huntington Wilhelm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1937 to Feb. 12, 1938

I last saw her alive on Feb 12, 1938 Death is said to have occurred on the date stated above, at 3:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative colitis	Nov. 1937
Secondary anemia	Nov. 1937

Was an operation performed? Yes Date of Dec. 21, 1937

For what disease or injury? Chronic ulcerative colitis - Hartman pouch operation

What test confirmed diagnosis? X-ray, Proctoscopic, P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. T. Sellers M. D.

(Address) Woman's Hosp.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—9-38—A & Co—250 Blks

F 43900 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43900

CERTIFICATE OF DEATH

82-a

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 528 Edmonson Av ST. 17-3 WARD)

2 FULL NAME Mary Cain (Kane)

(a) RESIDENCE NO. 528 Edmonson Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Cain

6 DATE OF BIRTH (month, day, and year) Feb 27 84

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brunswick Co Va

PARENTS

10 NAME OF FATHER Westley Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brunswick Co Va

12 MAIDEN NAME OF MOTHER Susan Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brunswick Co Va

14 Informant Lillian Cain

(Address) 528 Edmonson Av

15 Filed FEB 14 1938 19 Harrington Netherwood Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1938

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938, to Feb 10, 1938

that I last saw h alive on Feb 10, 1938

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J W McKay M. D.

2-11 1938 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Memorial Cemetery

DATE OF BURIAL Feb 14, 1938

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 32 Schroeder

ATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43901

CERTIFICATE OF DEATH

82-a F 43901

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 E 22 1/2 St. (St.) 12-4 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isiah Robinson

(a) Residence: No. 318 E. 22 1/2 St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65-67	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va

FATHER

13. NAME J. Robinson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Robinson

(Address) 318 E 22 1/2 St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/15 38

19. UNDERTAKER Rayner & Sanders

(Address) 1413 E Preston St

FILED ... 19 ... Reg. ...

FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/38

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938 to Feb 12, 1938

I last saw h alive on Feb 12, 1938. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Haemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, what? .....

(Signed) C J Herzog MD M. D.

(Address) 1300 N Patterson Park Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43902 F 43902

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 8-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Gardner Garing (Garing)

(a) Residence: No. 2225 Kentucky Avenue St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mrs James H. C. Garing.

6. DATE OF BIRTH (month, day, year) June 28, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Mr James Clark

14. BIRTHPLACE (city or town) (State or country) Nantucket, R.I.

MOTHER

15. MAIDEN NAME Miss Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem Date Feb 15th 1938

19. UNDERTAKER Wm J. Tuckyer & Sons Inc

(Address)

FEB 14 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938 to Feb 12 1938

I last saw her alive on Feb 12 1938. Death is said to have occurred on the date stated above, at 9.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-4-38
Other contributory causes of importance: Arteriosclerotic heart disease	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

43903 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43903

CERTIFICATE OF DEATH 30103 Dec 95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Todd
If U. S. Veteran specify WAR

(a) Residence: No. 5 N. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 1/28/~~1884~~ 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 ~~54~~	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md a

FATHER
13. NAME John Scott
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Susie Adams
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb 16, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED FEB 14 1938 19 Registrar, MD
Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938, to February 12, 1938.
I last saw her alive on February 12, 1938. Death is said to have occurred on the date stated above, at 2:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauteble M. D.
(Address) Baltimore City Hospitals

43904 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 43904

CERTIFICATE OF DEATH

78

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary I. McCann

If U. S. Veteran specify WAR

(a) Residence: No. 2133 Mt. Holly St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of Joseph E. McCann

6. DATE OF BIRTH (month, day, year) July 17-1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Donnelly

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mamie McGeehan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Joseph E. McCann.

(Address) 2133 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Rutledge. Date Feb-15 1938

19. UNDERTAKER Henry H. Weitzke.

(Address) 4101 Edmondson Ave

20. FILED FEB 14 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1938, to Feb. 12, 1938

I last saw her alive on Feb 12, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolia abscess of left lung	Jan 5 38
Bronchopneumonia	Jan 28
Chronic osteomyelitis	Chron

Was an operation performed? yes Date of Jan 6 38

For what disease or injury? Embolia abscess of left lung.

Name of operation Resection.

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard S. Gwynn, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43905 ✓131 F 43905

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Gorsuch Ave. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Grossmann

(a) Residence: No. 1732 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Grossmann

6. DATE OF BIRTH (month, day, year) June 23 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Graf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Gross

(Address) 1732 Gorsuch

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Baltimore Md. Date 2/15 1938

19. UNDERTAKER D. L. Covington

(Address) 2118 Eutaw Pl

20. FILED FEB 14 1938 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938 to Feb 11, 1938

I last saw h[redacted] alive on Feb 10, 1938 Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Heart Failure	2 d
Hypertension Arteriosclerosis	7 yrs
Cerebral Hemorrhage	7 yrs
Cerebral	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	7 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Autopsy? No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F F A Sterne M. D.

(Address) 2878 Hartford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE 43906

43906

CERTIFICATE OF DEATH

√ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. High St., 5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leah Levin

(a) Residence: No. 207 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Abraham

6. DATE OF BIRTH (month, day, year) Feb 28 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 72	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubin Arkin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Levin

(Address) 207 N. High st.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Feb 14 1938

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W. North ave

20. FILED 1938 Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to Feb 13, 1938.

I last saw h alive on Feb 13, 1938. Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Acute cardiac dilatation	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

43907

F 43907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

203-F

Registered No. 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Ginsberg

(a) Residence: No. 1301 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Morris Ginsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Ginsberg
(Address) 1301 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Rumple Date 2/14/38 19

19. UNDERTAKER Jas Levin Sr
(Address) 1434 E Baltimore

20. FILED 19

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Feb. 11, 1938
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 1v6" Berre St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Store

Manner of injury Fell from 1st floor in elevator

Nature of injury shaft to basement

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

FEB 14 1938

F 43908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43908

CERTIFICATE OF DEATH

82-a

Registered No. 16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Hasla ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sallie G. Myers

(a) Residence: No. 1830 Hasla St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos. Myers.

6. DATE OF BIRTH (month, day, year) April 17. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	24 11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse Hemmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Shirt Factory

10. Date deceased last worked at this occupation (month, day, year) Oct 8. 1938

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Rileyville Va

FATHER

13. NAME Chas. E. Riley.

14. BIRTHPLACE (city or town) (State or country) Rileyville Va

MOTHER

15. MAIDEN NAME Mollie Jenkins

16. BIRTHPLACE (city or town) (State or country) Brandy Va

17. INFORMANT Amos Myers

(Address) 1830 Hasla ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 2/14/38 19

19. UNDERTAKER Thos J. K. Sons & Co

(Address) 1605 Holli

FEB 14 1938

FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11- 38

22. I HEREBY CERTIFY, That I attended deceased from June 10- 1937 to Feb 11- 1938

I last saw h alive on Feb 11- 1938 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/11/38

Other contributory causes of importance:

Hypertension -

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Chas A Carlin M. D.

(Address) 2145 N Balto

OCCUPATION is very important. See instructions on back of certificate.

V 9 2

F 43909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43909

CERTIFICATE OF DEATH 29416

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George T. Trower

(a) Residence: No. 1324 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of India

6. DATE OF BIRTH (month, day, year) 2/24/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Car Washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Wash
10. Date deceased last worked at this occupation (month and year) Oct. 30, 1937
11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Trower
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia ?
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT City Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Park Date 2-14 1938

19. UNDERTAKER Charles H. Cooper
(Address) 5148 N. Calhoun St. Huntington Williams N.Y.

FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1937 to 2-10 1938

I last saw h~~im~~ alive on 2-9 1938. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Rt. foot	Nov 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-20-38

For what disease or injury? Gangrene Rt. foot.

Name of operation Mid thigh Amputation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

6371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43910

CERTIFICATE OF DEATH

23 F 43910

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Freeman

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Lanvale Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 6/28/04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John High

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Sarah Chase

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Old Auburn Cem Date 2/15/38 19

19. UNDERTAKER Charles Hooper

(Address) 514 N. Calhoun St.

20. FILED FEB 14 1938 19 William Knight M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1937 to Feb 11 1938

I last saw her alive on Feb 11 1938. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Data of onset
Miliary Tuberculosis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas N. Burn M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43911

F 43911

CERTIFICATE OF DEATH

115-B

Registered No. 4 2152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elsie Heubeck

If U. S. Veteran specify WAR

(a) Residence: No. 1313 Clifton Height St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Heubeck

6. DATE OF BIRTH (month, day, year) 3-27-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Fred Webster

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Betty Gruner

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Herbert Heubeck (Address) 1313 Clifton Height

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Feb 15 38

19. UNDERTAKER R. S. Marshall (Address) 3230 Lable Rd

20. FILED FEB 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1938 to 2-12-1938

I last saw her alive on 2-12-1938 Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

Cellulitis of face — Ludwigs Angina — Heart failure

Date of onset: 1-29, 1-30

Other contributory causes of importance:

Septicemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Abell M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

43912 F 43912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3800 Edgewood Rd St., 43-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Maycraft.
(a) Residence: No. 3800 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Maycraft

6. DATE OF BIRTH (month, day, year) Feb 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Letitia Purcell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Emma E. Maycraft
(Address) 3800 Edgewood Rd City

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 2/15/38

19. UNDERTAKER John J. Lacy & Son
(Address) 317 Light St

20. FILED FEB 14 1938 Williams, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and, from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 1130 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Bayard Gruver M. D. Coroner
(Address) 1211 Hanover

See instructions on back of certificate.
OCCUPATION is very important.

F 12913

HEALTH DEPARTMENT—CITY OF BALTIMORE

12913

CERTIFICATE OF DEATH 30775 (MB) - a

12 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nate Robinson

(a) Residence: No. 1002 N. Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 6/22/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Silas Wise

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Tifel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 2/15/ 1938

19. UNDERTAKER Magruth & Lyon
(Address) 1422 Light St.

20. FILED 19 Registrar

FEB 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1938 to 2-12 1938

I last saw him alive on 2-11 1938. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Ventral Hernia with Incarceration Intestinal Obstruction	Unknown 2-10-38
Other contributory causes of importance: Diabetes mellitus	Unknown

Was an operation performed? Yes Date of 2-10-38

For what disease or injury? Intestinal obstruction

Name of operation Reduction obstruction. Repair hernia

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Lt. Woodward A. M. D.

(Address) Balt. City Hosp

43914 E 43914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 30614 (MBT) -C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-43 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie W. McCleary,

If U. S. Veteran specify WAR

(a) Residence: No. 1412 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth McCleary

6. DATE OF BIRTH (month, day, year) 12/15/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9015

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Julia Anna Myers,

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Robert J. McCleary
(Address) 1635 North Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb 16 1938

19. UNDERTAKER Harry J. Armacost & Son
(Address) 4204 Ridgewood Ave

20. FILED 19 Registrar.

Feb 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1938 to February 13, 1938

I last saw him alive on February 13, 1938 Death is said to have occurred on the date stated above, at 3:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate gland	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantis, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

43915 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 43915

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 29 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 20 Sibley Ave St., ... Ward Hyattsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola M Murphy

6. DATE OF BIRTH (month, day, year) July 20 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 73	6	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Clinton Murphy

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Wm Murphy (patient)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Branch Date Feb 17 1938

19. UNDERTAKER C O Kerr & Son
(Address) Tonytown Md
Huntington Williams, Ky

20. FEB 14 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Feb 14, 1938

I last saw h[illegible] alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic nephritis.	1/20/38
Uremia	
Cystitis.	

Other contributory causes of importance:
Arteriosclerotic cardio-vascular disease.
Auricular Fibrillation. Prostatic hypertrophy

Was an operation performed? Yes Date of 1/27/38

For what disease or injury? Inguinal hernia, rt.

Name of operation Herniaplasty, rt.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. E. Bruch M. D.
(Address) University Hospital

GPK

VS 3

E 43916

43916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years | Months | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place ... 1938

19. UNDERTAKER (Address)

20. FILED ... 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

89-1938

4317 F 4317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 72-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jones — If U. S. Veteran specify WAR

(a) Residence: No. 1031 N. Caroline St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 3, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.
				5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rudy Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Gladys Lashley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School FEB 14 1938
Place

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED ... 19... Registrar.

FEB 14 1936

3826

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 3, 1938

I last saw h.im. alive on February 3, 1938. Death is said to have occurred on the date stated above, at 1:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 4391B 162

HEALTH DEPARTMENT—CITY OF BALTIMORE 4391B

CERTIFICATE OF DEATH

71-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Willie Trayham

(a) Residence: No. 1020 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aug 24 - 1937

FATHER

13. NAME Jesse Trayham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliz Clark

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 14 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. Filed ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1938 to Feb 4 1938

I last saw him alive on Feb 4 1938 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Plastic Anemia	1938
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jno. A. Haviland M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

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F 43919

43919 67

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor Goode

(a) Residence: No. 1871 E Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4/17/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8 9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Robert Goode

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Henrietta Bass

16. BIRTHPLACE (city or town) (State or country) N C -

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 14 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED FEB 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 | 6 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 . 1938 to Feb 6 . 1938

I last saw her alive on Feb 3 . 1938 Death is said to have occurred on the date stated above, at 4 X S m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hematoma	1938
Sarcoma	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James H. Haviland, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

8 14 1938

H 3825

43920

HEALTH DEPARTMENT—CITY OF BALTIMORE

43920

CERTIFICATE OF DEATH

131

Registered No. F

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. ... St. 275 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR S.A.W.

2. FULL NAME Daniel A. Ford

(a) Residence: No. 3110 Chesley Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret McDonnell Ford

6. DATE OF BIRTH (month, day, year) March 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guilford

10. Date deceased last worked at this occupation (month and year) 12-10-37

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Ford

14. BIRTHPLACE (city or town) (State or country) Wascommon, Ireland.

MOTHER

15. MAIDEN NAME Mary E. Conelly

16. BIRTHPLACE (city or town) (State or country) Co. Downe, Ireland

17. INFORMANT (Address) Records- U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Baltimore National Date 2/15/38

19. UNDERTAKER Leonard Kloss (Address) 305 Maryland Ave.

FEB 14 1938 ... 19 ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1937 to February 12, 1938

I last saw him alive on February 12, 1938 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	unknown
Endocarditis, bacterial, strep.	1-12-38
Heart disease, myocarditis, chronic, hypertensive	1935
Arteriosclerosis, general	unknown

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? Idgs. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. M. N. A. Dearen, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

RLL/g

OCCUPATION is very important. See instructions on back of certificate.

42921 HEALTH DEPARTMENT—CITY OF BALTIMORE No. 42921

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Gen Hosp 21-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kramer If U. S. Veteran specify WAR

(a) Residence: No. 1141 Wiscomico st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) May 20, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Sparafeg

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henrietta Smith (Address) 1141 Wisconsin St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Feb 17 1938

19. UNDERTAKER Gorsuch, Inc. (Address) 1817 W. Lexington St.

8 14 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1938, to 2-13, 1938

I last saw him alive on 2-13, 1938 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Hypernephroma	
Other contributory causes of importance: Terminal pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elton Resnick M. D.

(Address) So Balto Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 43922

43922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3110 Keswick Rd (St.) 13-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Susan Wilson

(a) Residence: No. West Hall Balto Md St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L Wilson

6. DATE OF BIRTH (month, day, year) Jan 8 - 1858

7. AGE 80 Years | 1 Months | 6 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Peter Keesey

14. BIRTHPLACE (city or town) (State or country) Lancaster

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Sarah A Hudson

(Address) 3101 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Stabler Cemetery Date Feb 15 1938

19. UNDERTAKER Franklin W Selby

(Address) 814 W 36 St

Washington Williams M.D.

14 1938

H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9- 1938 to Feb 12 1938

I last saw her alive on Feb 12 1938 Death is said to have occurred on the date stated above, at 21 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 2-11-38

Other contributory causes of importance:

Chronic Myocarditis — several years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Aubrey J Davis M. D.

(Address) 800 W 33rd St

43923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43923

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Chapel St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Oligney

If U. S. Veteran specify WAR

(a) Residence: No. 516 N Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Helen Oligney

6. DATE OF BIRTH (month, day, year) April 8-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 14 months ago

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Albert Oligney

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Helen Corrion

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Helen Oligney (Address) 516 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb. 16, 1938

19. UNDERTAKER Brown Leach & Son (Address) 1906 Ashland Avenue

20. FILED FEB 14 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 13 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936 to Jan 13, 1938

I last saw him alive on Jan 12, 1938, 6 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	16 mos
Other contributory causes of importance: Pulmonary Edema	1 week

Was an operation performed? Date of

For what disease or injury?

Name of operation Thoracoplasty — 4 X Rays

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Koos M. D.

(Address) 2530 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

1-4-1938

Spec.—9-30—A. & Co.—250 Bks.

F 43924 F 43924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-B

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Ellins St. ST. 17-2 WARD)

2 FULL NAME Gertrude Owens

(a) RESIDENCE NO. 1104 Ellins ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Owens

6 DATE OF BIRTH (month, day, and year) Aug 17 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tappahannock Va

PARENTS

10 NAME OF FATHER Robert Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Co. Va

12 MAIDEN NAME OF MOTHER Barbara Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co. Va

14 Informant Chas. H. Owens
(Address) 1104 Ellins St

15 Filed FEB 15 1938, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1938

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to Feb 11, 1938

that I last saw h alive on Feb 11, 1938

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Portal Cirrhosis of Liver
not specified as Alcoholic

(duration) 1 yrs. 5 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. McRae M. D.

2-15 1938 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Park Cem

DATE OF BURIAL 2/15 1938

20 UNDERTAKER Frances A. Hemsley

ADDRESS 578 W Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificates.

43925 F 43925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 20-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Sheppard

(a) Residence: No. 1920 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME James W. Sheppard
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Caroline Douglass
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Carrie Sterner
(Address) 519 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb. 15 19 38

19. UNDERTAKER Philip Herring & Sons
(Address) 3016 Orleans St.

20. FILED 2-15 19 38 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. R. Scullin Coroner, M. D.

(Address) 225 W. Mosher

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 15 1938

43926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 43926

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. Fortieth St., Centre 2 Ward)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Laura V. Hagg

(a) Residence: No. Home for Incurables St., W 40 E Ward. Centre 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Robert Hagg

6. DATE OF BIRTH (month, day, year) Oct. 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frances X. Lipp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Laura C. Getty

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John Hagg Dresher Hill Pa

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Date 2/16 1938

19. UNDERTAKER Henry Mc Mears and Son

(Address) 505 N. Calvert St.

20. FILED FEB 15 1938 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 4th 1938 to February 13th 1938

I last saw her alive on February 13th 1938 Death is said to have occurred on the date stated above, at 8-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Widespread Arteriosclerosis	Approximately
Rt. Hemiplegia	"
Senile Diabetes	"
Ca of Breast with Metastases	1929
Other contributory causes of importance: Diabetic Coma	Feb. 13 1938

Was an operation performed? No Date of .....

For what disease or injury? Not Applicable

Name of operation Not Applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Not Applicable

(Signed) Thomas Cowan M.D. M. D.

(Address) 11 E. Chase St. Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 43927 ✓131 F 43927

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 15-6

Length of residence in city or town where death occurred About 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgeanna Fluharty

(a) Residence: No. 2306 Garrison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Garrison Fluharty

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 75	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank; etc. None

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ------- Flint

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Sarah Morgage

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. G. Fluharty
(Address) Rockville Center, Long Island,

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 2/16, 38

19. UNDERTAKER Henry H. Mears & Son
(Address) 508 N. Calvert St.

20. DATE RECEIVED FEB 15 1938, 19 ... Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938, to February 13, 1938.
I last saw her alive on February 13, 1938. Death is said to have occurred on the date stated above, at 10 15 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal Disease — Date of onset ...

Other contributory causes of importance: Uremia — Date of onset 2-9-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Irvine P. Klemkowski, M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

43928 F 43928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Mc. Culloh ST. 14-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Gaisaway

(a) RESIDENCE NO. 1814 Mc. Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER Allen Thompson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) md.

12 MAIDEN NAME OF MOTHER Catherine Bales

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Adela Keys
(Address) 562 E. Biddle St.

15 FEB 15 1938 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Feb. 12, 1938, that I last saw h alive on Feb. 10, 1938, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Myocardial degeneration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Walter Stevenson, M. D.

, 19 (Address) 201 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	2/16 19 38
20 UNDERTAKER	ADDRESS
Archibald A. Gaddis	2101 Mc Culloh

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important

HEALTH DEPARTMENT—CITY OF BALTIMORE

43929 F 43929

CERTIFICATE OF DEATH V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Lakewood Ave. St. 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CATHERINE HAGELGANS

If U. S. Veteran specify WAR .....

(a) Residence: No. 616 S. Lakewood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Nov. 5. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Simon Hagelgans

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Leroy H. Froehlich (Nephew)
(Address) 616 S. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Trinity Cemetery Feb. 16. 1938
Place Date

HENRY SANDER & SONS. INC. Henry F. Sander
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1937 to Feb. 13 1938

I last saw her alive on Feb. 13, 1938 Death is said to have occurred on the date stated above, at 10.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	Feb. 9
Other contributory causes of importance: Carcinoma of Stomach	1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? X. R. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) John J. Kroger M. D.

(Address) 2627 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43930 CERTIFICATE OF DEATH 117-B F 43930

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 East 23d St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel S. Reichard

(a) Residence: No. 3012 Evergreen Ave St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND (or) WIFE of Florence Hayward Reichard

6. DATE OF BIRTH (month, day, year) July 13, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Isaac Reichard

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Leah Mitzel

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Florence H. Reichard

(Address) 3012 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb. 16, 1938

19. UNDERTAKER Harry H. Mitzel

(Address) 4101 Edmondson Ave.

FEB 15 1938 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to Feb. 13, 1938

I last saw h.im alive on Feb. 13, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	4 years
Hemorrhage of Duodenal Ulcer	2 wks
Secondary Anemia	2 wks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George M. Suter, M. D.

(Address) 100 E 23d Street, Belto, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43931

CERTIFICATE OF DEATH

93-C F 43931

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. 4. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry S. Rippel

(a) Residence: No. 1929 W. Baltimore St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elvira Rippel

6. DATE OF BIRTH (month, day, year) 2/19/64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building of offices

10. Date deceased last worked at this occupation (month and year) 1901

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Rippel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Henry S. Rippel, 1929 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 17/38

19. UNDERTAKER (Address) Harry A. Luttkus 4101 Edmondson Ave.

20. FILED FEB 15 1938 Huntington Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/7/38. 19... to 2/17/38. 19.....

I last saw him alive on 2/13/38. 19... Death is said to have occurred on the date stated above, at 2:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	
Hypostatic	
Pleurisy, left	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Richard J. Williams M. D.

(Address) Md. General Hosp.

F 43932 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43932

CERTIFICATE OF DEATH

Registered No. 19-4-94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Monroe St. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 26 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George H. Tharle

(a) Residence: No. 107 S. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha F. Tharle (Nee Colein)

6. DATE OF BIRTH (month, day, year) Feb. 17 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry S. Tharle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Jenkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bertha S. Tharle
(Address) 107 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenn Park Date 2/15/1938

19. UNDERTAKER Henry K. Weitzke
(Address) 4101 Edmondson Ave

20. FILED FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb 13

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Martin Hanna, M. D.
Coroner

(Address) 1822 W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

43933

CERTIFICATE OF DEATH

51-B F 43933

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 3803 Harlem Ave St. 16-8 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Herbert

(a) Residence: No. # 3803 Harlem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Ruff Herbert

6. DATE OF BIRTH (month, day, year) May 25, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John J. Herbert

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Winifred Clark

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary R. Herbert
(Address) # 3803 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2 / 16 / 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Rolling Street

20. FILED 19 ..... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to February 13 1938

I last saw him alive on February 13, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1937
metastasis to lungs	over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore E. Stacy M. D.

(Address) 3803 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43934

43934

CERTIFICATE OF DEATH

20-1 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 W. Mulberry Street St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Washington High

(a) Residence: No. 1832 W. Mulberry Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Eleanor M. High

6. DATE OF BIRTH (month, day, year) August 7th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emily Schutte

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Eleanor M. High 1832 W. Mulberry St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb 15th 19 38

19. UNDERTAKER (Address) Wm J. Leckey & Bro

20. FILED Registrar

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12th 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1938 to Feb. 12 1938

I last saw him alive on Feb. 12 1938 Death is said to have occurred on the date stated above, at 11.55 Pm.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis

Date of onset

Other contributory causes of importance:

Pt. Hemiplegia.
Asthenia-Coma

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 700 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43935 CERTIFICATE OF DEATH ✓ 154 **F 43935**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 10-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Brotemarkle Jr.

(a) Residence: No. 2821 Sunset Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) DEC 14, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	✓	2	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William E Brotemarkle

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Elmyra Chaney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Elmyra Brotemarkle
(Address) 2821 Sunset Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feby 16 1938

19. UNDERTAKER F G Covington
(Address) 21 W 25th St

FEB 15 1938 Huntington Williams N.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1938 to Feb. 14 1938

I last saw him alive on Feb. 14 1938 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity	
Other contributory causes of importance: Prematurity	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Dodaro M. D.

(Address) Franklin Sq. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43936

CERTIFICATE OF DEATH

30768 MB

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward) V 1046

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Perry Wheatley

(a) Residence: No. 1230 Edythe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/12/1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Norman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sophronia Perry

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lucy Date Feb 15th 38

19. UNDERTAKER Elroy O Wilson
(Address) 1600 Brantleyson

20. FILED FEB 15 1938 Huntington Williams, M.D. Registrar

OK

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-0, 1938 to 2-13, 1938

I last saw h.. alive on 2-13, 1938. Death is said to have occurred on the date stated above, at 3 40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lower Lobe Lobar pneumonia	7

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dr Franklin M. D.
B. C H

(Address) .....

THE CAUSE OF DEATH in this case must be certified by a physician who has attended the deceased during his last illness. OCCUPATION is very important. See instructions on back of certificate.

43937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43937

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3445 Resterstown Rd St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Sacks

(a) Residence: No. 3445 Resterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~WIFE~~ of Simon Sacks

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Gerson Stein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Stein

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pleasant Hill Cem Date 2-16-38, 19

19. UNDERTAKER Levy Bros Inc

(Address) 1429 E. Baltimore St

FEB 15 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

Md

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 14 '38
a Thrombosis	
Diabetis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm A Gray, M. D.

(Address) 612 W 40 St Attending Physician

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 43938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43938

CERTIFICATE OF DEATH

V 164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 N Monroe St. 15-H Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Samuel Flax

If U. S. Veteran specify WAR

(a) Residence: No. 2020 W Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Flax

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dinah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 2/15/36 19

19. UNDERTAKER Jack Levin Inc

(Address) 2100 Eutaw Place

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia, Lobar	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

FEB 15 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 4~~3~~989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Burrs

If U. S. Veteran specify WAR

(a) Residence: No. 1114 Saran Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12. 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Burrs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irean Anderson

16. BIRTHPLACE (city or town) (State or country) Marylans

Hospital Record

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 15 1938

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED FEB 15 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry disease and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) R. K. Nelson Coroner, M. D.

(Address) 2757 Lanvale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 15 1938 [illegible] Registrar

V S 6

0 3825 H

F 43940 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43940

CERTIFICATE OF DEATH V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Burrs

If U. S. Veteran specify WAR

(a) Residence: No. 1114 Saran Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12. 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Burrs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irean Anderson

16. BIRTHPLACE (city or town) (State or country) Marylans

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School FEB 15 1938
Place Date 19

19. UNDERTAKER H. A. Moore
(Address)

20. FILED 1938 Commissioner of Health
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. L. C. Allen M. D.
Coroner

(Address) 2757 W North

V S 6

B 15938 8626

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 43941

F 43941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-B aC

Registered No. 877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 922 E. Pratt St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Coutts

(a) Residence: No. 922 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		132	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Constantine Co. Ire.

FATHER

13. NAME John Coutts

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Mary Valentine

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. Agnes Freeland

(Address) 3516 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB 15 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FEB 15 1938 Registrar

3827

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2 days
Other contributory causes of importance, Alcoholism Chronic	Some yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood Coroner, M. D.

(Address) 1712 N. Broadway

Information should be carefully supplied. Age should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

815 1938

V S 6

43942

HEALTH DEPARTMENT—CITY OF BALTIMORE 43942

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Hollins St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1338 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Smith

6. DATE OF BIRTH (month, day, year) Aug 22 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Minster Maryland

FATHER

13. NAME Rogers Nelson Youngling

14. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

MOTHER

15. MAIDEN NAME Susan Ann Hemmeman

16. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

17. INFORMANT Mrs Numbers Smith

(Address) 1338 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 17th 38

19. UNDERTAKER D. W. Donovan

(Address) 1053 W Baltimore St

20. FILED ..... 19..... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 38 19.. to Feb 14 19 38

I last saw her alive on Feb 12 19 38. Death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1938
Other contributory causes of importance: Arteriosclerosis Hypertension	? ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallis D Babbitt M. D.

(Address) 220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43943

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Summers (Bessie May Summers)

If U. S. Veteran specify WAR

(a) Residence: No. 644 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Summers

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Bessie Miller
(Address) 644 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Feb. 16 19 38

19. UNDERTAKER W. Amoroso
(Address) 1003 W. Baltimore St.

20. FILED ... 19 ... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 13 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 - 28 . 1938, to 2 - 13 . 1938

I last saw her alive on 2 - 13 . 1938 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal cell carcinoma, left side face	
Squamous cell carcinoma cervix	
Terminal Carcinoma to brain	

Other contributory causes of importance:

Infection of Ca left ear

Hypernephroma ??

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard S. Lyons M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43944

HEALTH DEPARTMENT—CITY OF BALTIMORE

43944

CERTIFICATE OF DEATH 10987 (mB)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-107-0 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Gantt

(a) Residence: No. 704 N. Carrollton Aye. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/16 '38

19. UNDERTAKER Francis A. Kemplay
(Address) 3811 Reisterstown Rd

20. FILED FEB 15 1938 [illegible] Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to February 12 1938

I last saw him alive on February 12 1938. Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-9-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. A. De Santible M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

F 43945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43945

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Gough St. 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Teresa Miller

(a) Residence: No. 2217 Gough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Miller

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Josephine Finkbeiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Miller
(Address) 2217 Gought St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/17 19 38

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore

20. FILED ..... 19 ..... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Feb. 13 1938

I last saw h... alive on Feb. 10 1938 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 wks
Other contributory causes of importance: Hypertension	6 Mos
Diabetes Mellitus	"

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation? none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Speer M. D.

(Address) 408 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Postcher

HEALTH DEPARTMENT—CITY OF BALTIMORE

43946

43946

CERTIFICATE OF DEATH

117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip [redacted] Postcher

If U. S. Veteran specify WAR .....

(a) Residence: No. 3112 O'Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) June 10, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick Postcher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Inf.
(Address)

18. BURIAL, [redacted] German Reformed
Place [redacted] Date 2/17/38

19. UNDERTAKER John J. Logan
(Address) 3306 E. Baltimore

20. FILED ..... 19..... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938 to Feb. 14, 1938

I last saw h. in alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 10 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (terminal)	2-12-38
[redacted] duodenal ulcer	2-9-38
Perforated	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-9-38

For what disease or injury? Perforated duodenal ulcer

Name of operation Laparotomy + repair of perf. ulcer

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. H. Isaacs, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43947 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 43947

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 96-7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Anna Behrens

(a) Residence: No. 510 S. Lehigh St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Leonard E. Behrens

6. DATE OF BIRTH (month, day, year) June 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Levi Latriale

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Leonard E. Behrens (Address) 510 S. Lehigh St

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Dra Date 2/18/ 193

19. UNDERTAKER John A. Truman (Address) 3000 E. Balto St.

20. FILED ..... 19.... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1938 to 2-14 1938

I last saw her alive on 2-14 1938 Death is said to have occurred on the date stated above, at 3^00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - left lower lobe	2-12-38
Cardiovascular collapse	2-14-38

Other contributory causes of importance:
(Note Patient treated by Dr. M. Thereafter since onset)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krall M. D.

(Address) South Balto Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43948

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43948

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Cole

(a) Residence: No. 1807 E. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Cole

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef - cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Charles County, Md

FATHER

13. NAME Robert Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alora Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Cole

(Address) 38 Hanover St. W. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. 2-17 1938

19. UNDERTAKER Adam M. Chase & Son

(Address) 638 N. Gilmor St

20. FILED FEB 15 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel [illegible] M. D.

Coroner

(Address) 331 S. Howard St.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 43949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43949

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Presstman St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leanna Rodgers

(a) Residence: No. 1710 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Rodgers

6. DATE OF BIRTH (month, day, year) Nov. 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May - 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Phillip Toogood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret L. Key
(Address) 1710 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 2-17 1938

19. UNDERTAKER Samuel McChase Son
(Address) 638 N. Gilmor

20. FILED FEB 15 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937 to Feb. 14 1938

I last saw her alive on Feb. 14 1938 Death is said to have occurred on the date stated above, at 1:52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B. & Mitral Insufficiency	Nov. 1937

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Rogers M. D.

(Address) 1516 N. Mount St

V. S. 3

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43950 F 43950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 711 Rosedale St. (20-6 Ward) Lafayette
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin F Auld
If U. S. Veteran specify WAR

(a) Residence: No. 711 Rosedale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Auld

6. DATE OF BIRTH (month, day, year) Jan 13-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, year) Aug 19 30
11. Total time (years) spent in this occupation 34 years

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER
13. NAME Benjamin F Auld Sr
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Catherine Clark
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank D Auld
(Address) 4106 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date Feb 18 38

19. UNDERTAKER Franklin H Sack
(Address) 814 N Eutaw St

20. FILED ... 19... Registrar.
1 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Feb 14 1938
I last saw h[illegible] alive on Feb 14 1938. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	1933
Cerebral Hemorrhage acute	2/11/38
Coronary occlusion	2/13/38
Other contributory causes of importance:	
Alcoholism chronic	15 years

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autop[illegible] No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W Johnson M. D.
(Address) 3432 Sudbrook Ln

Information called for in this certificate is required by law. Failure to supply it may be subject the informant to a penalty as provided by law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

43951 F 43951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Boone (30274)

If U. S. Veteran specify WAR

(a) Residence: No. 1531 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) Oct. 14, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Irene

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Feb. 15 1938

19. UNDERTAKER Robert L. Williams
(Address) 815 N. McElderry St

20. FILED 19 Registrar.

FEB 15 1938 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1938 to February 12, 1938

I last saw h im alive on February 12, 1938. Death is said to have occurred on the date stated above, at 5:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug 1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Curtis M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43952

HEALTH DEPARTMENT—CITY OF BALTIMORE

43952

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Caroline St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Peters

(a) Residence: No. 602 N. Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antone Peters

6. DATE OF BIRTH (month, day, year) 3-28-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 69	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Antone Peters

(Address) 602 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Feb 16 1938

19. UNDERTAKER Robert F. Wilkins

(Address) 815 McElderry St.

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12- 1937, to 2-12- 1938

I last saw her alive on 2-11- 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Duration 1-30-38

Other contributory causes of importance:

Chronic Nephritis + Hypertension — Duration unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Antone Peters, M. D.

(Address) 611 N. Caroline

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V8 8

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HEALTH DEPARTMENT—CITY OF BALTIMORE

43953

CERTIFICATE OF DEATH

1938 F 43953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 Greenmount Ave Ward) 8

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis H. Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 2543 Greenmount ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ward Williams

6. DATE OF BIRTH (month, day, year) aug 2. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker

9. Industry or business in which work was done, as saw mill, bank, etc. Whitall Tatum Glass Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Toronto Canada

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) new york

MOTHER

15. MAIDEN NAME adelle Pratt Prout

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. F.H. Williams
(Address) 2543 greenmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral cem Date 2/17 19 38

19. UNDERTAKER Margt E Flynn
(Address) 1422 Light St

20. FILED FEB 15 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30. , 1937 to Feb. 14. , 1938

I last saw him alive on Feb. 13, , 1938 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General and cerebral arterio sclerosis, chronic myocar- ditis	?

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? D.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Dejisel M.D.

(Address) 1324-26 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43954

CERTIFICATE OF DEATH

23 F 43954

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 Camel St., 11-44 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Tull

(a) Residence: No. 316 Camel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 50	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George Tull

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Hester Cook

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Miss Cora Tull
(Address) 619 Madison ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date Feb 16, 1938

19. UNDERTAKER Adelmus Halstead
(Address) 918 Bond St.

20. FILED Feb 15 1938 Huntington Williams Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-13-, 1938, to 2-12-, 1938

I last saw h. alive on 2-11-, 1938. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	
Other contributory causes of importance: Pleurisy	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Jno H Cargier, M. D.

(Address) 611-N. Broadway

Information should be carefully supplied. Any blanks not filled should be explained. Particular attention should be given to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

F 43955

Registered No. 577

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 161 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Yakimchuk (or Andrew Yakimoy)

(a) Residence: No. 2938 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Catherine Yakimchuk

6. DATE OF BIRTH (month, day, year) Nov. 5 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lawrence Yakimchuk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Catherine Yakimchuk Wife

(Address) 2938 Elliott St

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem. Date Feb. 16 1938

19. UNDERTAKER Stephen J. Fiatkowski Jr.

(Address) 1500 S. Kenwood Ave

FEB 15 1938 Hamilton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb. 12 1938

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 E. Lanvale St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 43956

43956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 1522 Gordon Street — Registered No. 3333

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret B. Glasser — If U. S. Veteran specify WAR .....

(a) Residence: No. 1522 Gordon St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam W. Glasser

6. DATE OF BIRTH (month, day, year) Dec 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Washington D.C.

FATHER

13. NAME Wagner

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Dent Lancon

16. BIRTHPLACE (city or town) (State or country) Dent Lancon

17. INFORMANT Florence Glasser
(Address) 1522 Gladstone Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Feb. 17, 1938

19. UNDERTAKER A. Howard Evans
(Address) 1400 E Monument St

Filed 2 15 1938 Huntington Williams Registrar
C H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1938 to February 14, 1938

I last saw her alive on February 13, 1938 Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Heart Failure	2-10-38
Left Hemiplegia	2-12-38
	ovr

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Jones, M. D.

(Address) 3021 Reisterstown Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43957

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Yards B.&O.R.R. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter L. Bass

(a) Residence: No. 2719 Tivoly Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma E. Bass

6. DATE OF BIRTH (month, day, year) June 10, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md,

FATHER

13. NAME Augustus Bass

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mollie Goldsborough

16. BIRTHPLACE (city or town) (State or country) Md,

17. INFORMANT Emma E. Bass
(Address) 2719 Tivoly Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Gen Date Feb 17 1938

19. UNDERTAKER A. Bernard Evans
(Address) 1111 S. Luke St.

20. FILED Feb 17 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and knew the residence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry that said deceased came (Inquest, Autopsy or Inquiry)
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. K. Cullen, M. D.
Coroner

(Address) 235 Lenny

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 15 1938

V S 6

M. D. P. 1268-9

F 43958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43958

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. (Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. 7 mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby boy Smith

(a) Residence: No. 1127 W. Ostend St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11. 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jeremiah K. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Vera M. Keimig

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Jeremiah K. Smith 1127 W. Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 16. 1938

19. UNDERTAKER (Address) Sindmo. John W. Gruber & Son 501 W. Fayette St. Huntington Wilkinson, N.D.

FEB 15 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11. 1938 to Feb. 15. 1938

I last saw him alive on Feb. 15. 1938 Death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage (birth injury)	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) E. T. Bathgate M. D.

(Address) Franklin Sq Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43959

43959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 1822

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Sinclair

(a) Residence: No. 627 S. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sinclair

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Tolt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Pleasant, Sister

(Address) 627 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catyrood Date 2-16-38

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson

Registrar

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of Skull	3 days
Fracture right Clavicle	3 days
Other contributory causes of importance: Concussion of Brain, Shock	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 13, 1938

Where did injury occur? 627 S. Streeper St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture Skull and Clavicle

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 717 N. Broadway

V 86

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 43960

43960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Bronzert

(a) Residence: No. 1302 Bowleys Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Oct. 14, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward J. Bronzert,

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie Elligson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Edward J. Bronzert
(Address) 1302 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 16 19 38

19. UNDERTAKER Frederick Lassahn, Inc
(Address) 7401 Belair Road
Huntington Williams, Md

20. FILED FEB 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 19 38

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Bronchopneumonia	
Other contributory causes of importance: Cleft palate	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schlenker, M. D.
Coroner.

(Address) 1917 E. Fifth St.

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43961

M. D. P. 1268-9

43961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-94-B

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens' Hospital St., 14-1 Ward)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Elizabeth Nelson

(a) Residence: No. 1613 Bolton St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Milton Nelson

6. DATE OF BIRTH (month, day, year) July 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

MOTHER FATHER

13. NAME James Polk Streett

14. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Ramsay

16. BIRTHPLACE (city or town) -------
(State or country) Pennsylvania

17. INFORMANT Dr. H. Hayward Streett
(Address) 1709 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 2/17, 1938

19. UNDERTAKER Henry H. Meaks & Son
(Address) 805 N. Eutaw St.

[illegible] Registrar.

FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/16/38

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1710 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be made information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43962

F 43962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 10

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp't St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgia Christine Cole

(a) Residence: No. 1229 E Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
FeMale	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Milton S. Cole

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Golda Johnston

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Milton S. Cole
(Address) 1229 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork M.E. Cemetery Date 2/16/38, 19

Leonard Mauch

19. UNDERTAKER
(Address) 3505 Harford Rd.

FILED: FEB 17 1938, 19 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15/38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria (Pharyngeal Laryngeal)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schulze M. D. Coroner

(Address) 1912 Northern Pkwy.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43963

HEALTH DEPARTMENT—CITY OF BALTIMORE F 43963

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4922 Harford Road St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Busch

(a) Residence: No. 4922 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Busch

6. DATE OF BIRTH (month, day, year) June 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Busch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Lawrence Busch 4922 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 2/16/38

19. UNDERTAKER Leonard Busch (Address) 5305 Harford Road

20. FILED Hamilton for Williams 4D

FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13/38 .19..

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Feb. 13 1938

I last saw him alive on Feb. 13 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chr. interstitial nephritis	?
2 Chr. myocarditis	?
Other contributory causes of importance: Chronic Cystitis	4/3/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. W. Bacon M. D.

(Address) 810 Taylor Ave. Hamilton 8. D.

Information should be carefully supplied. Age should be stated EXACTLY. If unknown, state approximately. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 43964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43964 #30498 SF

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lindenstruth

(a) Residence: No. 3120 Ravenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/14/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME August

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Wilhelmena

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 2/18/38

19. UNDERTAKER Leonard J. Peach

(Address) 365 Hollins St

20. FILED FEB 14 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 2. 1938. to February 14. 1938.

I last saw him alive on February 14. 1938. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Any blanks must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

43965 F 43965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Homestead Street St., 9-7 Ward)

Length of residence in city or town where death occurred 52 years ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Donohue

(a) Residence: No. 1600-Homested Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bridget T. (Leary)

6. DATE OF BIRTH (month, day, year) 3/15/1870

7. AGE Years	Months	Days	If LESS than 1 day, give hrs. or min.
67	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. (?)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bridget T. Donohue
(Address) 1600-Homestead Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/16/38
George J. Ruth, Inc.

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1725-Hartford Ave.

20. FILED FEB 16 1938 Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Feb. 13, 1938

I last saw him alive on Feb 13, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	Feb 13/38
	acute
Other contributory causes of importance: arteria sclerosis	about 2 yrs

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not to my knowledge
If so, specify

(Signed) G. Ledlie Ewell, M. D.
(Address) 2945 St. Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43966

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Steve Perikakes

If U. S. Veteran specify WAR.

(a) Residence: No. 2141 E Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	about		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pit Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Ged Agnew

(Address) 1223 Fountain Green

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/17/38

19. UNDERTAKER Francis Reese

(Address) Westminster Md

FILED FEB 16 1938 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Yrs.

Other contributory causes of importance: Cardio Vascular Hypertension and.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Ekg Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Hamm M. D.

(Address) 1822 W Baltimore St

Correct

F. E.—WRITE PLAINLY. Where information is not known or not supplied. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43967

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 St Paul St 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary Stoddard

(a) Residence: No. 1621 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: (or) WIFE of Henry Clay

6. DATE OF BIRTH (month, day, year): July 3 [illegible]

7. AGE: Years: about 75; Months: 7; Days: 1; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Drug packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Can Owens Drug Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Samuel Coulter

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: B C Long

(Address) 158 Harrison St-E. Orange N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/17 1938

19. UNDERTAKER: Wellington Cooke

(Address) 1217 St Paul St

20. FILED: FEB 16 1938 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to Feb 15, 1938

I last saw her alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Pearce M. D.

(Address) 2105 Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43968

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH: Methodist Home — Registered No. ____

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Annie Aidgonoy — If U.S. Veteran specify WAR ____

(a) Residence: No. 2211 Rogers Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Aidgonoy

6. DATE OF BIRTH (month, day, year) Nov 13 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

13. NAME: Elias Hyde

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

15. MAIDEN NAME: Hannah Ridgley

16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT: Ella Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL: Locust Grove Date 2/16/38

19. UNDERTAKER: W M Cook

(Address) 1219 E Baltimore St

20. FEB 16 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 15, 1938 to Febry 14, 1938

I last saw h alive on Febry 17, 1938 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) George C. Shannon M. D.

(Address) 700 N. Fulton Ave

N. B.—Items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH OCCUPATION is very important. See instructions on back of certificate.

F 43969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43969

CERTIFICATE OF DEATH

29886--BH

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Ellis

(a) Residence: No. 148 W. Cross St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Lomax

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Wilder Ellis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/17 1938

19. UNDERTAKER Walter B. Young & Son
(Address) 139 Whitmore St.

20. FILED Huntington Williams Sept
FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Feb 15, 1938

I last saw h.IM alive on Feb 15, 1938 Death is said to have occurred on the date stated above, at 4.15a m.

The principal cause of death and related causes of importance were as follows:

PULMONARY T.B — Date of onset

Other contributory causes of importance:

MILIARY TUBERCULOSIS

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? x-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos Bradshaw M. D.
B. C. H.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations must not be used. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43970

F 43970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Keegan

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of P. J. Keegan

6. DATE OF BIRTH (month, day, year) 1854 "

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	✓			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Joseph Shaw

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary Kitts

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus Supr

(Address) Little Sisters of the Poor city

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 16 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 91 Paramount Ave

20. Filed FEB 16 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Feb 15 - 1938

I last saw h[illegible] alive on Feb 11 - 1938 Death is said to have occurred on the date stated above, at 3 30 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Senility	Several years
Asthma	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Why? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

FEB 16 1938

VOS

F 43971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43971

CERTIFICATE OF DEATH

30765 S

1. PLACE OF DEATH

Registered No. 159

CITY OF BALTIMORE: (No. balto. city hospt. St., 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME baby girl braxton

If U. S. Veteran specify WAR

(a) Residence: No. 221 N. wilmore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-10-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) balto. md.

FATHER

13. NAME James Adams

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME nelen braxton

16. BIRTHPLACE (city or town) (State or country) re.

17. INFORMANT (Address) B. C. H. records

18. BURIAL, CREMATION, OR REMOVAL Hosp. Disposal

Place City Hospitals Date 2-13 1938

19. UNDERTAKER
(Address)

20. DATE FILED FEB 16 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1938 to 2-12 1938

I last saw h ER alive on 2-12 1938 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Dr Franklin M. D.

(Address) B. C. H.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43972

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Madison Ave) (Ward) 17-3

Length of residence in city or town where death occurred: yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Simms

(a) Residence: No. 1803 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Simms

6. DATE OF BIRTH (month, day, year) July 21 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman 0074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 a

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Belle Simms.

(Address) 1803 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date Feb 16 38

19. UNDERTAKER Thos. G. Kelso

(Address) 1323 Pennsylvania Ave

20. FILED FEB 16 1938 Wilmuth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1938 to Feb 13 1938

I last saw him alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 8 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison ave

F 43973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43973

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital, St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley Randall — If U. S. Veteran specify WAR

(a) Residence: No. 1729 Madison Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41 42	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public service
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Harwood Md.

FATHER

13. NAME John Randall
14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Davis
16. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

17. INFORMANT Leroy E. Randall
(Address) 1729 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Harwood, Md Date 2/16 38

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St

20. FILED FEB 16 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Feb. 13, 1938
I last saw him alive on Feb. 13, 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-acute bacterial endocarditis	12.24.37

Other contributory causes of importance:
Rheumatic heart disease, mitral stenosis

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James P. Carr M. D.
(Address) 515 Mosher St.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 43974

F 43974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 Sarah Anne St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry McConkey

(a) Residence: No. 636 Sarah Anne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Rosa Murray McConkey

6. DATE OF BIRTH (month, day, year) May 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sample canvasser 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Travel - Salesman

10. Date deceased last worked at this occupation (month and year) December, 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Joseph McConkey

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Mary E Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT Isabelle McConkey Hall

(Address) 121 - N. Carlton St

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Auburn Date Feb. 16, 38

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 a School [illegible]

FEB 16 1938

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2:12.'38 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 8 . 19 38 to February 12 . 19 38

I last saw him alive on February 11 . 19 38 Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia about	1.4.38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Sur M. D.

(Address) 400 N. Carrollton ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE INFORMATION REQUIRED MUST BE STATED EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43975

CERTIFICATE OF DEATH

V 34-83

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 W Mosher St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME BARBARA A GREEN

(a) Residence: No. 2709 W. Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Green.

6. DATE OF BIRTH (month, day, year) July 2nd 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John. Murry.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Frank C. Krieg.

(Address) 2709 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross a a Co Date 2-16th 1938

19. UNDERTAKER Bernard G. Harle

(Address) 121 E. West St

Huntington Williams, W.V.

20. FILED FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from January 26 1938 to February 13 1938.

I last saw her alive on February 7 1938 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	? Over
Other contributory causes of importance: Bronchopneumonia	2/12/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon Ashman M. D.

(Address) 1201 Poplar Grove St.

F 43976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43976

CERTIFICATE OF DEATH

V 59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E. Biddle St., 5-7 Ward)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Venie M. Scherer

(a) Residence: No. 1513 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Scherer

6. DATE OF BIRTH (month, day, year) Sept. 3, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Otto E. Wiesenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John W. Scherer
(Address) 1513 E. Biddle St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 18 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

20. FILED FEB 16 1938 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1936, to Feb. 15, 1938.
I last saw her alive on Feb. 14, 1938. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1935
Other contributory causes of importance: Diabetes Mellitus	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel C. Wolk, M. D.

(Address) 133 E. Biddle St.

N. B.—WRITE PLAINLY, with ink. All questions should be carefully answered and information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43977 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43977

CERTIFICATE OF DEATH

V 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Fernhill Ave. St., 28-1 Ward)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzetta Kuenne

(a) Residence: No. 4211 Fernhill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Kuenne

6. DATE OF BIRTH (month, day, year) Dec. 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Paul Scharrer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bertram

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert F. Kuenne (Son)
(Address) 4211 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 16, 1938

19. UNDERTAKER E. Howard Strong
(Address) 715 Light St.

20. FILED FEB 16 1938 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1937 to 2/13 1938

I last saw h alive on 2/13 1938 Death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of bowel	2 yrs old
Met of liver	"
Other contributory causes of importance	
Metal regurgitation arterio-sclerosis	2 yrs "

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry Russell G. M. D.

(Address) 3902 Greenlane

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 43978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 43978

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. Ward 12-2)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME STEPHEN C. LITTLE

(a) Residence: No. HOPKINS APTS 31st & 50 Pract St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Mrs Anna Little

6. DATE OF BIRTH (month, day, year) 8-17-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supreme Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stephen C. Little

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Harriet Nicol

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna K. Little (Address) Hopkins Apts

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Feb 17 1938

19. UNDERTAKER John A. Mitchell & Sons (Address) 1900 Eutaw Place

FEB 16 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1938, to 2-15, 1938

I last saw him alive on 2-15, 1938 Death is said to have occurred on the date stated above, at 12:40 AM

The principal cause of death and related causes of importance were as follows:

a Arteriosclerotic heart disease — Date of onset 6 weeks ago

c Stokes-Adams Syndrome

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Olive M.D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V8 3

6

M. D. B. 1268-9

F 43979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43979

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna K. Stevens

(a) Residence: No. 720 N. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

V S 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H Stevens Sr

6. DATE OF BIRTH (month, day, year) Aug. 31-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Hofferberth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Wm H Stevens Sr

(Address) 720 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood cem. Date Feb 18, 1938

19. UNDERTAKER George W. Sprecher

(Address) 1328 Eager St

20. FEB 16 1938 Registrar.

Huntington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/26/1937 to 2/15/1938

I last saw her alive on 2/15/1938. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Terminal pneumonia (Chronic) following an injury to the right hip

Date of onset

Other contributory causes of importance:

over

Name of operation Unilateral Unilateral splenectomy Date of operation 1/17/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Bateman M. D.

(Address) 7 Franklin Sq. Hosp.

F 43980 Ashley Stewart Hyde F 43980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. 4

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ashley Stewart Hyde

If U. S. Veteran specify WAR

(a) Residence: No. 1827 N. Fulton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ashley S. Hyde

6. DATE OF BIRTH (month, day, year) April 4 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer's Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hyde

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Ashley Hyde

(Address) 1827 N. Fulton Ave. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/16/38

19. UNDERTAKER J. R. Pilkerton & Son

(Address) Baltimore, Md.

20. FILED FEB 16 1938 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to Feb 14, 1938

I last saw h[illegible] alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia – Rt. Upper, Middle, & Lower Lobes.	Feb 4 1938

Other contributory causes of importance

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Brisson M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. All items must be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43981

CERTIFICATE OF DEATH

XV/08

1. PLACE OF DEATH Bon Secours Hosp. 20-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Marie I. Dilly (Marie Ida Dilly)

If U. S. Veteran specify WAR

(a) Residence: No. 4 Ridge Rd Catonsville, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Samuel Dilly, Jr.

6. DATE OF BIRTH (month, day, year) August 4th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7 6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

FATHER

13. NAME Paul Nadol

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Samuel Dilly, Jr.

(Address) 4 Ridge Road-Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb 18th 1938

19. UNDERTAKER Wm J. Fickinger & Sons

(Address) North Ave

20. FILED FEB. 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/1938

22. I HEREBY CERTIFY, That I attended deceased from 2/9/1938 to 2/15/1938

I last saw h.r. alive on 2/12/1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas D Marsh M. D.

(Address) Bon Secours Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43982

CERTIFICATE OF DEATH

95-B F 43982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.M. Hos. Balto St. 12-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Ella Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. Greenway apt, City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	

5a. If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stevensville Kent Island Md

FATHER

13. NAME Alexander H. Thompson

14. BIRTHPLACE (city or town) (State or country) Kent Island Md

MOTHER

15. MAIDEN NAME Ellen Powell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Christ Episcopal Church Kent Island Md Date Feb 18, 1938

19. UNDERTAKER Henry J. Kenfield & Sons
(Address) Edward McCullough

20. FILED FEB 16 1938 Hunting Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938 to Feb 15, 1938

I last saw her alive on Feb 15, 1938 Death is said to have occurred on the date stated above, at 2.02 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease Senility	1 yr.
Auricular + fibrillation	?
Congestive heart failure	2 wks.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43983 — CERTIFICATE OF DEATH — F 43983

107-a

Registered No. 715

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cross Country Blvd St., Green Spring Ave Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Upshur Hooper — If U. S. Veteran specify WAR

(a) Residence: No. Green Spring Ave & Cross Country Blvd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Robert Holloway Hooper

6. DATE OF BIRTH (month, day, year) May 11 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Worcester Co Md.

FATHER

13. NAME George M. Upshur

14. BIRTHPLACE (city or town) (State country) Accomac Co Va.

MOTHER

15. MAIDEN NAME Priscilla Townsend

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

17. INFORMANT Arthur H. Hooper

(Address) Cimlico Rd & Green Spring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 17 1938

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) 64 Eutaw St & Orchard St.

20. FILED FEB 16 1938 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Feb 15-4 1938

I last saw her alive on Feb 15-4 1938. Death is said to have occurred on the date stated above, at 345 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-11-38
Cardiac Failure	Jan 38
Gastric Hemorrhage	
Other contributory causes of importance:	?
Uterine Cancer	1916
Hemiplegia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Cuyor M. D.

(Address) 3611 Cimlico Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43984

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Chesley Ave St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Brunette (Brunnatt)

(a) Residence: No. 4015 Chesley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Gross

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintainance Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Various Industries

10. Date deceased last worked at this occupation (month and year) Feb 3 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME August Brunnette

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Dora Refan

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mrs B Hatch

(Address) 4015 Chesley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Feb 17 1938

19. UNDERTAKER Fredericks Sons

(Address) 7401 Belair Rd

Huntington Williams, Jr.
Registrar.

FEB 16 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

(Other contributory causes of importance)

Cardiac Fatigue

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43985 CERTIFICATE OF DEATH 131 **F 43985**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 N Patterson Park Ave (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schmidt

(a) Residence: No. 1518 N Patterson Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Schmidt

6. DATE OF BIRTH (month, day, year) Oct 13 71

7. AGE: Years 66 Months 4 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper & Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Adam Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Bieran

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Schmidt

(Address) 1518 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Elm Date Feb. 18 1938

19. UNDERTAKER Jos. J. Weber & Son

(Address) 1156 N. Luzerne Ave

20. FILED FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936 to Feb. 17 1938

I last saw him alive on Feb. 17 1938 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal vascular disease	5 yrs ago
Other contributory causes of importance: Apoplexy	6/5/36

Name of operation — Date of —

What test confirmed diagnosis? clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent F. Doska M. D.

(Address) 845 N. Patterson Pk Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43986

F 43986.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Broadway St., 7-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY ESTELLE BOULDEN

If U. S. Veteran specify WAR

(a) Residence: No. 1025 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Boulden

6. DATE OF BIRTH (month, day, year) June 30.1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Steinman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kraft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carolyn Grayson (Daughter)
(Address) 822 Alexander Ave. Drexel Hill, Pa.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Date Feb. 16. 1938
Place 19

HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore & Broadway.
(Address)

Filed 2-16-1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB

43987 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43987

CERTIFICATE OF DEATH 30838--CM 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Smith

(a) Residence: No. 1621 Presstman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION OR REMOVAL —
Place Balto. City Hosp. Date 2-16- 1938

19. UNDERTAKER Hospital disposal
(Address) cremation

20. FILED 19 Registrar.

Huntington Williams, M.D.

FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1938 to 2/14 1938

I last saw her alive on 2/14 1938. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Goodhand M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 43988 ✓ F 43988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Loch Raven Road St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. life ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alice Estella Ellis

If U.S. Veteran specify WAR

(a) Residence: No. 3116 Loch Raven Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of wife of Edward Ellis

6. DATE OF BIRTH (month, day, year) June-30-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60Yrs.	6 7	30 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Carlton Burgan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Mears

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Edward Ellis

(Address) 3116 Loch Raven Road.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemy Feb. 18 '38

19. UNDERTAKER Henry Abel & Son, Inc.

(Address) 301 E Eager St

23. FILED FEB 16 1938 Huntington Williams, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1937 to Feb. 15, 1938

I last saw her alive on Feb. 15, 1938. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular-renal disease.	Unknown
Apoplexy	2-15-38

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Fro. B. Sylert M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43989 | CERTIFICATE OF DEATH | F 43989

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4744 Park Heights Ave St.) (Ward) 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Louisa Stack

(b.) Residence: No. 4744 Park Heights Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed or divorced (or) WIFE of George R. Stack

6. DATE OF BIRTH (month, day, year) May 23-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Samuel Martin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Linsman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Clayton Martin

(Address) 4744 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Feb 17 1938

19. UNDERTAKER Mr Lieberman & Sons

(Address) Funeral Directors

Huntington Williams Registrar.

ISSUED FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4th 1938 to Feb. 15th 1938

I last saw her alive on Feb. 15th 1938. Death is said to have occurred on the date stated above, at 7.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/3/38
Arterio Sclerosis	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, how?

(Signed) Elbert C. Reichert M. D.

(Address) 2245 Reisterstown Rd Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Augustus T Brown

F 43990 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43990

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1433 Eastern (Ward) 3-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Augustus T. Brown

(a) Residence: No. 1433 Eastern Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race C

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Brown

6. DATE OF BIRTH (month, day, year) Aug 1886

7. AGE Years 51 Months 6 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allendale S C

FATHER

13. NAME Jake Foster

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Bessie Hunt

(Address) 1433 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2-17- 1938

19. UNDERTAKER Bryant Maynard & Knight

(Address) 1218 Mc Elderry St

FEB 16 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence disclosed by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 14 38

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 607 Cathedral St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 43991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH MD

95-B

Registered No.

1. PLACE OF DEATH:
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Butler

(a) Residence: No. 12 S. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25-1871 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 ~~89~~	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thos. Gough

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-17 1938

19. UNDERTAKER Byron & Mamie V. Wright
(Address) 2701 Coldspring Av

20. FILED 19 Registrar

FEB 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1933 to 2-14 1938

I last saw her alive on 2-13 1938. Death is said to have occurred on the date stated above, at 2:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	Unknown
Arteriosclerosis, generalized	Unknown
Other contributory causes of importance:	
Dermatitis of Buttocks	Over
Bronchial (Urine)	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. Woodward M. D.
(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL ITEMS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH. See instructions on back of certificate. OCCUPATION is very important.

F 43992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43992

CERTIFICATE OF DEATH

93-C

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 946 S. Kenwood Ave St., 4 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Hohman

(a) Residence: No. 946 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25 67

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Hollerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) St. Marys County Md.

17. INFORMANT Mrs. Katherine Diedman

(Address) 946 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem Date Feb. 16 1938

19. UNDERTAKER Stephen J. Fratkowski 1/11

(Address) 1008 S. Kenwood Ave

20. Filed FEB 16 1938 Arlington Whitaker, M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1935 to Feb. 13 1938

I last saw her alive on Feb. 13 1938. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A. Wolf M. D.

(Address) 1331 E. North Ave

M. D. B 1268-9

F 43993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Arlington Av. St., Ward)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Voigt

(a) Residence: No. 2308 Arlington Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — — — — —

6. DATE OF BIRTH (month, day, year) July 21/1883.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August F. Voigt.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Anna Meisel.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT George W. Voigt.
(Address) 3100 Mounte Bello. Ter.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Feb 18th 1938

19. UNDERTAKER E. Schloman & Son
(Address) 1039 Hanover st

20. FILED FEB 16 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 15th 1938
I last saw h[illegible] alive on Feb 15th 1938 Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	3-1-37

Other contributory causes of importance:

Name of operation Hysterectomy Date of 6-6-37

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. A. Eardley, M. D.
(Address) 5106 Yorkt Road

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43994

HEALTH DEPARTMENT—CITY OF BALTIMORE

#30729

F 43994 SF

CERTIFICATE OF DEATH

12-5-82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Coleman

(a) Residence: No. 1714 Latrobe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/9/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	52	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/16 38

19. UNDERTAKER Raymond Sanders

(Address) 1413 E. Preston St

20. FILED 19 Registrar.

FEB 16 1938 H. Clayton Wilbur, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1938, to February 12, 1938

I last saw her alive on February 12, 1938 Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-4-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. de Santillo, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43995

157-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Tucker

(a) Residence: No. 1407 Mc Henry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2-11-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Tucker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Sullen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Margaret Tucker 1407 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2-14-38

19. UNDERTAKER Fredpick A Ade (Address) 1200 W Lombard St

20. FILED FEB 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938 to Feb. 13, 1938

I last saw h.. alive on Feb. 13, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	2 Day

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel Jo. Wehner M. D.

(Address) St Agnes Hospital

F 43996

Wilson Butler

F 43996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Henrietta St. St. 22-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wison Butler

(a) Residence: No. 434 Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Butler

6. DATE OF BIRTH (month, day, year) July 12, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... mi
	65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lawson Butler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Amelia Henry

(Address) 434 Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn. Date 1/16/38

19. UNDERTAKER Isaac S. Brown & Son

(Address) 108 N. Fremont St.

20. FILED 1/16/38 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. Miller M. D.

Coroner

(Address) 227 W. Mulberry St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 16 1938

V S 6

F 43997 ✓ F 43997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph's Hospital 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E. Leizear

If U. S. Veteran specify WAR .....

(a) Residence: No. 2101 Elsinore Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Myers

6. DATE OF BIRTH (month, day, year) June 8 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert E. Leizear

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Duvall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Florence Leizear

(Address) 2101 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 17 1938

19. UNDERTAKER John Ullyot

(Address) 2008 Orleans St

20. FILED Feb 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938 to Feb. 14, 1938

I last saw him alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 6 20 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset 2/8/38

Other contributory causes of importance:

Cystitis — Jan. 1938

Chronic nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43998

F 43998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1-B Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Hutton

(a) Residence: No. 706 S. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Hutton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry Hutton

(Address) 706 S Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date FEB 18 1938

19. UNDERTAKER John Uffelman

(Address) 2009 Orleans St

[illegible] Registrar.

FEB 16 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubular pneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Kluener M. D.
Coroner

(Address) 1914 E. North Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43999

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-W Ward)
Aged Women's Home

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mollie Seward
If U. S. Veteran specify WAR

(a) Residence: No. 1404 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John W. Seward

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adna Bransome

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth T. Cox. Supt.
(Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 17 1938

19. UNDERTAKER F. Weyman Lechner
(Address) 2301 Edmondson Ave

20. FILED FEB 15 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/16/35, 19... to 2/16/38, 19...
I last saw her alive on 2/15/38, 19... Death is said to have occurred on the date stated above, at 4:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/12/38

Other contributory causes of importance:
Apoplexy about 1.5 yrs. ago.

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Elton B. Garrett M.D.
(Address) 1115 St. Paul St., City.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 15 1938

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44000

CERTIFICATE OF DEATH

108 F 44000

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. North Ave St., 13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Camilla Polanco (POLANCO)

(a) Residence: No. 606 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or RACE	5. Single, Married, Widowed, or Divorced (write word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18 - 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (City or town) (State or country) Puerto Rico Dominican Rep. N. I

FATHER

13. NAME J. Eugene Polanco

14. BIRTHPLACE (City or town) (State or country) Puerto Rico Dominican Rep. N. I

MOTHER

15. MAIDEN NAME Mary Pennington

16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Polanco
(Address) 606 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 2/19/38

19. UNDERTAKER Chas J. Rudolph & Son
(Address) 118 W. Lexington St

20. FILED FEB 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/38

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb 16, 1938

I last saw her alive on Feb 16, 1938. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 4
Streptococcus Septicaemia	" 6
Acute Endocarditis	" 8

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] M. D.

(Address) 117 N. Saratoga St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

44001

HEALTH DEPARTMENT—CITY OF BALTIMORE

44001

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Fait ave. St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 70 yrs. ... mos. ... ds.

2. FULL NAME Catherine Baranowski

If U. S. Veteran specify WAR

(a) Residence: No. 2422 Fait ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 12-1869.

7. AGE: Years 68 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1907

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: John Laskowski.

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT: James Baranowski. (Address) 2422 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL: Place St. Stanislaus Date Feb. 19th 1938

19. UNDERTAKER: George A. Weber (Address) 705 S. Ann st.

20. FILED: Feb 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1938 to Feb. 16 1938

I last saw h[illegible] alive on Feb. 16 1938. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 2/8/38

Other contributory causes of importance: Cerebral Hemorrhage — 2/10/38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip A. Artigani M. D.

(Address) 2942 Fayette E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15 1938

H

F 44002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44002

CERTIFICATE OF DEATH

X 106-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 William St. 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa H. Peregoy

(a) Residence: No. Chestertown Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Peregoy

6. DATE OF BIRTH (month, day, year) June 29 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Parrot

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. William A. Melvin
(Address) 1412 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cem. Chestertown Md. Date Feb. 18 1938

19. UNDERTAKER I. Few McCully
(Address) 130 E. Fort Ave.

20. FILED 19 Registrar.

B 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Feb 15 1938

I last saw h alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance: Uremia & Bronchitis	1/30/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Physician M. D.

(Address) 130 Light St

Information should be carefully supplied. Any errors should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 44003

44003

HEALTH DEPARTMENT—CITY OF BALTIMORE

30556--RHW

CERTIFICATE OF DEATH

4-2 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospitals St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME James naskel

(a) Residence: No. 204 N. Green St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/12/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Otis Chambers

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susan naskel

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT nospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ashland, Kentucky Date 2/16 38

19. UNDERTAKER [illegible]
(Address) 1455 Eutaw Pl

20. ..... 19..... Registrar.

FEB 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938 to February 8, 1938.

I last saw him alive on February 8 '38 Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peyton Harrison (Jr) If U. S. Veteran specify WAR .....

(a) Residence: No. 025-4-King St St., ... Ward. Martinsburg W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 2-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W-Va-

FATHER

13. NAME P. R. Harrison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nannie L Boyd

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Reads— (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg W Va 1/17/38

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar

FEB 17 1938 Huntington Williamson, W Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Feb 16 1938

I last saw him alive on Feb 16 1938. Death is said to have occurred on the date stated above, at 333 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	2/11/38
Hemorrhage into small bowel	2/15/38

Other contributory causes of importance

Was an operation performed? yes Date of .....

For what disease or injury? pancreatic adenoma

Name of operation Partial resection of pancreas

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Brennan, M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ellis G. Pitsall

44005 HEALTH DEPARTMENT—CITY OF BALTIMORE 44005

CERTIFICATE OF DEATH

√X 54-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md. Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen Gerasale

(a) Residence: No. Univ. of Md. St., ... Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME William Mc

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Viola Mc Dill

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Nearest.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Date 2-17 1938

19. UNDERTAKER J. William Leigh & Co
(Address) 360 - 16th St. N.W.
Herrington Williams Asst.

20. FILED FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/14/38 . 19 ... to 2/16/38 . 19 ...

I last saw him alive on 2/16/38 . 19 ... Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hematoma	2/3/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/16/38

For what disease or injury? Subdural Hematoma

Name of operation Trephining

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) ...

Important: Please write plainly in ink. Use terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14006

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 St Dunstans Road) (Ward) 12

Length of residence in city or town where death occurred 55 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide S Nones

(a) Residence: No. 323 St Dunstans Road St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	96	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 52 42

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Nones

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Hannah MacCalla

16. BIRTHPLACE (city or town) (State or country) Salem N Jersey

17. INFORMANT (Address) Mrs Mary Rives 323 St Dunstans Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb 18th 1938

19. UNDERTAKER Geo A Schilling

(Address) 1124-1126 E Monument St

Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Feb 15 1938

I last saw h lr alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	?
Endocarditis	over
Other contributory causes of importance:	
Edema of lungs	Feb 13

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wurm M. D.

(Address) 3136 Carrod Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 44007

44007

CERTIFICATE OF DEATH

✓ 137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 272..-Hugo Ave. St., 9-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip H. Scherer

If U. S. Veteran specify WAR no

(a) Residence: No. 2729-Hugo Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina (Schweinsberg

6. DATE OF BIRTH (month, day, year) 1/13/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.G.V.L.&Pwr.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fredk. H. Scherer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elis. A. Brigle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Wilhelmina Scherer
(Address) 2729-Hugo Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 2/16/38

19. UNDERTAKER George J. Ruth Co.
George J. Ruth, Inc.
(Address) 1733-Harford Ave.

20. FILED FEB 17 1938 Registrar, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Feb 14, 1938

I last saw him alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	Jan 1938
Pneumonia	own
Other contributory causes of importance: Arterio-sclerosis	1930

Was an operation performed? Yes Date of Prostatectomy 1937

For what disease or injury? .....

Name of operation Prostatectomy

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed J. Zimmerman M. D.

(Address) 2615 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44008

44008

HEALTH DEPARTMENT—CITY OF BALTIMORE

30800

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Owens

(a) Residence: No. 223 N. Pine St.; St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Will

6. DATE OF BIRTH (month, day, year) ~~Feb 12~~ 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~51~~ ?	42		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Silas Norman

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Charity Rowsom

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Feb 20 19 38

19. UNDERTAKER Adolphus Gaither

(Address) 1128 Eden St

20. FILED ..... 19 .....

FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1938, to February 15, 1938

I last saw her alive on February 15, 1938. Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-6-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. De Santis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

44009

F 44009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Bell

(a) Residence: No. 1727 Caire St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bell

6. DATE OF BIRTH (month, day, year) Nov. 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Oscar Bell

(Address) 1727 Caire St.

18. BURIAL, CREMATION, OR REMOVAL Feb 17 1938

19. UNDERTAKER Thos. Carbaugh Sons

(Address) 847 S. Broadway

20. FILED Feb 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to (his) (her) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	4 days
Spinal Anesthesia	4 days
Other contributory causes of importance: Intestinal Obstruction	7 days

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood, Coroner, M. D.

(Address) 712 N. Broadway

Information should be carefully supplied. All questions must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FEB 17 1938

M. D. P. 1268-9

F 44010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44010

CERTIFICATE OF DEATH

√ 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 Woodyear St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James O. Jackson

(a) Residence: No. 1353 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Planter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mamie Wallace Granddaughter

(Address) 1814 E. Lenard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 17 1938

19. UNDERTAKER V. G. Brooks

(Address) 1423 N. Carey St

20. FILED 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937 to Feb 14 1938

I last saw him alive on Feb 14 1938 Death is said to have occurred on the date stated above, at 5 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Indefinite

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Garland Shirella M. D.

(Address) 1534 Linden Ave

INSTRUCTIONS: Fill in all items, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44011

44011 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Newington Ave. 43 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse H. Hurst

(a) Residence: No. 711 Newington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lalia Hurst

6. DATE OF BIRTH (month, day, year) Aug 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug

10. Date deceased last worked at this occupation (month and year): Feb. 15, 1938

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER FATHER

13. NAME: Dr. Silas W. Hurst

14. BIRTHPLACE (city or town) (State or country): Kentucky

15. MAIDEN NAME: Fannie Boulden

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mrs. Lalia Hurst 711 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cem. Date Feb 18 19 38

19. UNDERTAKER (Address): Geo. H. Fiske 2100 Edmondson Ave

FILED 19 Register

FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/14/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Crain M. D.
Coroner

(Address) Coroner

Information should be furnished by undertaker. Attention is directed to the fact that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44012

CERTIFICATE OF DEATH

131

VF 44012

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 W Lafayette Ave 16 - 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lillian Green

If U. S. Veteran specify WAR

(a) Residence: No. 1323 W Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Green

6. DATE OF BIRTH (month, day, year) July 25, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1-31 38

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Woodville Md

FATHER

13. NAME Albert Dent

14. BIRTHPLACE (city or town) (State or country) Woodville md

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Woodville md

17. INFORMANT Wm E. Green (Address) 1323 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodville Md Date 2/18/38

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pressleman St

20. FILED FEB 17 1938 Registrar Huntington Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1938 to 2-15 1938

I last saw her alive on 2-15 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other contributory causes of importance:

Nephritis	1-21-38
	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank Saunders, M. D.

(Address) 102-9 N. Stricker St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44013

CERTIFICATE OF DEATH

93-e

Registered No. 8-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Bond St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Albert J Henry

(a) Residence: No. 1513 N. Bond Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Murphy

6. DATE OF BIRTH (month, day, year) April 5, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Francis B. Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Madden.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mary Henry
(Address) 1513 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 19 38

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1938 to 2/15 1938

I last saw h... alive on 2/15 1938. Death is said to have occurred on the date stated above, at 3:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/15/38
Other contributory causes of importance: Coronary Sclerosis	2/15/38
Myocarditis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Symptoms Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J Blake M. D.

(Address) 532 E. 22nd St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F44014 31

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44014

CERTIFICATE OF DEATH

Registered No. 753c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lelia Mae Greene

If U. S. Veteran specify WAR

(a) Residence: No. Churchland Va St., ... Ward. Churchland, Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5-1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Asbie Greene

14. BIRTHPLACE (city or town) (State or country) N-Car-

MOTHER

15. MAIDEN NAME Lelia Evans

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Portsmouth Va. Feb 17 38

Place

19. UNDERTAKER Wm. Tucker Sons

(Address) Norfolk & Portsmouth

FEB 17 1938 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Feb. 16 1938

I last saw her alive on Feb 16 1938. Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor Malignant — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Feb 2 1938

For what disease or injury? Brain Tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44015

CERTIFICATE OF DEATH

131

F 44015

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 W. Baltimore St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugenie C. Hewitt

(a) Residence: No. 2312 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William J. Hewitt

6. DATE OF BIRTH (month, day, year) July 25, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans

FATHER

13. NAME Ellsworth Walker

14. BIRTHPLACE (city or town) (State or country) New Orleanes

MOTHER

15. MAIDEN NAME LOuise Burgess

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Mary G. Bosse
(Address) 2906 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/16/38. 19

19. UNDERTAKER Frederick A. Cole
(Address) 120 W. Lombard St

20. FILED FEB 17 1938 19

Huntington Wilkinson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1938, to 2/16, 1938

I last saw her alive on 2/15, 1938. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1/15/37
Other contributory causes of importance:	
Myocardial Degeneration	2/13/38

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation NO

What test confirmed diagnosis almost signs Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury NO 19

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify NO

(Signed) David Miller M. D.

(Address) 1500 N Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44016

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W Lanvale St. Ward) 17-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah J Sullivan

If U. S. Veteran specify WAR

(a) Residence: No. 528 W Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Sullivan

6. DATE OF BIRTH (month, day, year): Mar 1 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Daniel Payne

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nellie Payne

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Hattie Lane

(Address) 919 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: 2/18, 38

19. UNDERTAKER: Frances A Kemsley

(Address) 378 W. Biddle St

20. FILED 19 Registrar

Huntington Pittman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Abt 1 Jan 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L Allen M. D.

(Address) 1507 Linden Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1938

F 44017

44017 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44017

CERTIFICATE OF DEATH

X 94-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred [redacted] yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR --

2. FULL NAME Louis Van Eps

(a) Residence: No. ..... St., ... Ward. Belmar, N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) April 26, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messman 606

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 2-2-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Rotterdam, Holland

FATHER

13. NAME Carl Van Eps

14. BIRTHPLACE (city or town) (State or country) Rotterdam Holland

MOTHER

15. MAIDEN NAME Janet Trump

16. BIRTHPLACE (city or town) (State or country) Rotterdam Holland

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampden Date Feb. 16 1938

19. UNDERTAKER (Address) E. Lezoy Stiffler, Inc. 1356 E. North Ave.

20. FILED 2-17 1938 Hunting Williams, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 14, 1938

I last saw him alive on February 14, 1938 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-12-38
Arteriosclerosis, general	unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. Anderson. M. D.

(Address) U.S. Marine Hospital, Balto Md.

MLW/6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

44018 F 44018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Carswell St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran (specify WAR)

2. FULL NAME Esther L. Turnes

(a) Residence: No. 1542 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Edgar R. Turnes

6. DATE OF BIRTH (month, day, year): Jan 4 1881

7. AGE: Years 57 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: Geo. H. Hunter

14. BIRTHPLACE (City or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Jennie Archer

16. BIRTHPLACE (City or town) (State or country): Baltimore Md

17. INFORMANT (Address): Edgar R. Turnes 1542 Carswell St

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Date 2/17 1938

19. UNDERTAKER (Address): Wm. Cook 1217 E. Fort Ave

20. FILED FEB 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/7/37 to 2/14/38

I last saw h[illegible] alive on 2/13/38 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder — Date of onset 9/1/37, about

Other contributory causes of importance:

Cachexia

Cystoscopic examination — Date of May 5-1937

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Tissue examined. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. A. Bowden, M. D.

(Address) 1517 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. If OCCUPATION is very important. See instructions on back of certificate.

Dr. Chambers - 4108 Liberty Heights Ave.

F 44019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44019

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No. 13-5

CITY OF BALTIMORE: (No. 609 W 33rd St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Bennett

If U. S. Veteran specify WAR

(a) Residence: No. 609 W 33rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John Bennett

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Emma Haines

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Olive M. Haynes

(Address) 609 W 33rd St

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Hampden Date Feb 19, 1938

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Chestnut Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13d, 1938, to Feb 15th, 1938

I last saw him alive on Feb 15th, 1938 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Bronchio pneumonia	- 3 days
Other contributory causes of importance:	
11- Pulmonary Tuberculosis - ?	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17

14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44020

CERTIFICATE OF DEATH

F 44020

50

Registered No. 28-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Disney

(a) Residence: No. 426 Heyward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec 26, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Barker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME ? Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records (Address) N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date February 18 1938

19. UNDERTAKER M. J. Dyer (Address) 600 West North Ave.

20. FILED FEB 17 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937, to Feb 15, 1938

I last saw her alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 9 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma & generalized metastasis	over
Bronchial pneumonia.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1929.

For what disease or injury? Carcinoma

Name of operation Radical breast.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold H. Burns, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 44021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E F 44021

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Helena C. Hamm

(a) Residence: No. 4018 Bellwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Frank H. Hamm

6. DATE OF BIRTH (month, day, year) Nov. 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Fields

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgiana Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John C. Miller Inc. (Address) 2435 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Feb 19, 1938

19. UNDERTAKER John C. Miller Inc. (Address) 2435 E. Oliver St.

20. FILED ..... 19..... (Signature of Registrar)

R 17098

VA 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/30/38. 19 .. to 2/14/38. 19.....

I last saw h[illegible] alive on 2/14/38 19 . Death is said to have occurred on the date stated above, at 2 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia with Septicaemia and Toxemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. H. Williams M. D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 44022

44022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3221 E. Baltimore St. 26-10 133 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick W. Cunningham

(a) Residence: No. 3221 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine C. Cunningham

6. DATE OF BIRTH (month, day, year) Sept. 5-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Metal Work

10. Date deceased last worked at this occupation (month and year) About 2 Months ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Cunningham

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kaminer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine C. Cunningham

(Address) 3221 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Date Feb. 18, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injuries of Kidneys Hemmorhage from Bladder	About 2 Months
Uremic-Sclerosis,	Some years

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cystoscopic Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

17 1938

USG

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44023

CERTIFICATE OF DEATH

94-a F 44023

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3644 Roland Ave St.) (3-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl von Gerhardt

(a) Residence: No. 3644 Roland Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. von Gerhardt

6. DATE OF BIRTH (month, day, year) 1867 Oct 20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Mary E. Von Gerhardt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 16th 19...

19. UNDERTAKER H. S. Marshall
(Address) 3539 Eastern Ave

20. FILED ... 19...

FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Feb 14th 1938

I last saw him alive on Feb 14th 1938 Death is said to have occurred on the date stated above, at 9.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1937

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Friend M. D.

(Address) 361 S. Eden Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

44024 · **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 44024

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 E. Fulford Ave St. 12-4 Ward)

Length of residence in city or town where death occurred 27 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Booker

(a) Residence: No. 2320 Fulford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Booker

6. DATE OF BIRTH (month, day, year) May 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlotte Co. (State or country) Va.

FATHER

13. NAME Robert Ford

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Annie Brown

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary (Cem) Date 1-17, 1938

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 1-17-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/15/38, 19 , to 2/15/38, 19 ; I last saw her alive on 2/14, 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/15/38
Other contributory causes of importance: Hypertension (Arterial)	12/27/37

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 44025

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 314 S. Poppleton St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ida J. Horz

(a) Residence: No. # 314 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Horz

6. DATE OF BIRTH (month, day, year) Feb 14, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John Geyer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Louise Macke

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mr Henry C. Horz

(Address) # 413 S. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2 / 19/ 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

FILED FEB 17 1938 19 Registrar

Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to Feb 16, 1938

I last saw h alive on Feb 16, 1938. Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	2-12-38
Other contributory causes of importance: chronic nephritis	unknown
Hypertension	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Rosen M. D.

(Address) 206 S. Gilmor St

STATE CAUSES OF DEATH in plain terms. No abbreviations. OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44026

CERTIFICATE OF DEATH

F 44026

Registered No. 108 F 44026

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence L. Rider

(a) Residence: No. 2130 Herbert Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25th, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edwin Rider

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Florence L. DeHaven

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Florence Rider
(Address) 2130 Herbert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 2/17/38, 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1725 Harford Ave.

FEB 17 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Clin. Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Cullen Coroner, M. D.

(Address) 2237 Mass

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44027 F 44027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 30084

Registered No. 34-391-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp ts. St. 5-1 (Ward)

Length of residence in city or town where death occurred 48yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isiah Milton Brown

(a) Residence: No. 210 N. Caroline St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-15-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Washington Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Washington Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-18th 1938

19. UNDERTAKER Bryson & Francis W. Wright
(Address) 1278 E. Eldorry St

20. FILED Williams, N.P. Registrar.
FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18. 1938. to February 14. 1938.
I last saw him alive on February 14, 1938. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Jan. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 44028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30495 (MB)

F 44028

Registered No. 25-682

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel E McCreary

(a) Residence: No. 3218 Fairfield Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) 9/3/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C C C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb 17, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1938, to February 13, 1938.

I last saw h... alive on February 13, 1938. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lancellotta M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

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44029 ✓ F. 44029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volnenteers of Amer. Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 16 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Sweeny

(a) Residence: No. St. Charles Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sweeney

6. DATE OF BIRTH (month, day, year) April 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Maryland

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Coroner Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Date May 18, 1938

19. UNDERTAKER Thomas W. Swadley
(Address) New Burnie Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Carlin Coroner, M. D.

(Address) 225 W. Preston

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1 1938

V S 6

F 44030

44030 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 44030

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Light St. 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 30 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Vogel

If U. S. Veteran specify W. R

(a) Residence: No. 1236 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dora A Vogel

6. DATE OF BIRTH (month, day, year) Dec 16th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Vogel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora A. Vogel

(Address) 1236 Light St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 2-18th 38

19. UNDERTAKER Bernard C. Forle

(Address) 121 E West St

20. FILED ..... 19..... Registrar.

17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 37 to Feb 15 1938

I last saw him alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	6 months
Other contributory causes of importance:	
Uremia	4 wks

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) C. J. Whelan M. D.

(Address) 1219 Fulton St

OCCUPATION is very important. See instructions on back of certificate.

F 44031

HEALTH DEPARTMENT—CITY OF BALTIMORE

44031

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1834 W. Saratoga St St., 20-1 Ward)
Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None.

2. FULL NAME Joseph A. Biscoe.
(a) Residence: No. 1834 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte A. Biscoe

6. DATE OF BIRTH (month, day, year) April 19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER
13. NAME Josiah Biscoe.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Kate Artist.
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Miss Ruth Biscoe, 1834 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 18- 38

19. UNDERTAKER (Address) Charles J. Schwob 505 N. Monroe St.

[illegible] 19 [illegible] Registrar.

17939 H. E. Fuller, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15- 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1938 to Feb. 15 1938
I last saw him alive on Feb. 13 1938 Death is said to have occurred on the date stated above, at 12:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonary Embolism	2/15/38
2 Arteriosclerotic Cardiac Renal	
3 Carcinoma Rectum	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. Fuller Langdon M. D.
(Address) 400 N. Payson St

OCCUPATION is very important. See instructions on back of certificate.

✓ F 44032

44032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Albert F.H.Schroeder

(a) Residence: No. Minneapolis Minnesota St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT J C Myers

(Address) 2757 Hartshire

18. BURIAL, CREMATION, OR REMOVAL Minneapolis Minn 2/17 1938

Place

19. UNDERTAKER Fullerton Funeral Home

(Address) 1217 St Paul St

20. FILED 2/17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury (Chest)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 14, 1938

Where did injury occur? White Marsh Phila Rd

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) Public

Manner of injury Struck by Auto while walking along road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address) 2757 Hartshire

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

1 1938 14

44033 F 44033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Eutaw St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Josephine C. Hoen

If U.S. Veteran specify WAR ---

(a) Residence: No. 1111 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George H. Hoen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie K. Carey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Alice A. Hoen

(Address) 1111 Eutaw Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 2/18 38

19. UNDERTAKER Henry H. Meals & Son

(Address) 805 N. Calvert St.

20. FILED Huntington Williams, M.D. 14

2 17 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from February 4th 1938 to February 15th 1938

I last saw h[illegible] alive on February 15th 1938. Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver
Metastatic carcinoma of lungs, pleura and peritoneum

Date of onset Nov. 1937

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

F 44034

44034 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. Redwood St. 4-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter Cleveland Edmonston If U. S. Veteran specify WAR

(a) Residence: No. Balto, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Edmonston

6. DATE OF BIRTH (month, day, year) Feb 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Madeira Leg Co.

10. Date deceased last worked at this occupation (month and year) 2/17/38

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Burgess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. P. Edmonston

(Address) Lincoln Ct. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 2-20 1938

19. UNDERTAKER J. D. Hyndman & Son

(Address) Edmonston Md.

FILED FEB 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edmund C. Wyse M. D.
Coroner

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VSA

44035 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44035

CERTIFICATE OF DEATH

✓ 154

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 ..... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME David E. Frock

(a) Residence: No. 2625 E. Oliver St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ethel R. Bean Frock

6. DATE OF BIRTH (month, day, year) Jan. 23, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Post Office

10. Date deceased last worked at this occupation (month and year) Oct. 1925

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Milton Frock

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Jennie Hobbs

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2/18/38

19. UNDERTAKER Robert Burke Ulman
(Address) Calhoun & Hollins sts

20. FILED FEB 18 1938 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938 to February 16, 1938

I last saw h in alive on February 16, 1938 Death is said to have occurred on the date stated above, at 8:55a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis, chronic, suppurative, staphylococcic	unknown
Epididymitis, chronic, staphylococcic	"
Septicemia, terminal	terminal
Other contributory causes of importance:	over

Was an operation performed? yes Date of 1-26-38

For what disease or injury? Osteomyelitis, rt. thumb

Name of operation Incision and drainage, rt. thumb

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B.N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 44036

F 44036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W. Saratoga St. St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie Marie McLeod

(a) Residence: No. 628 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nov. 1, 1931

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ollie McLeod

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mattie Hickson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mattie McLeod
(Address) 628 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 2/19/38.
Gr. Lot Jackson.

19. UNDERTAKER 916 Pendleton Ave.
(Address)

20. Date 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Coroner

FEB 18 1938

V 8 8

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44037

CERTIFICATE OF DEATH

V 24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lloyd Copeland

(a) Residence: No. 302 N Pine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Sin

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James H. Copeland

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Undertaker) Father
(Address) 302 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary, Date Feb. 18/38
Metropolitan Funeral Home Inc.

19. UNDERTAKER Adolph Holstead
(Address) 931 N. Gilmor St.

20. FILED ..... 19.....

FEB 18 1938 Huntingtown Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1938 to Feb 17 1938

I last saw him alive on Feb 17 1938. Death is said to have occurred on the date stated above, at 11 30/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	2
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hyman G. Finch M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 44038

44038 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

8-3 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 N. Elwood Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth 14 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bronc Rudman

(a) Residence: No. 1241 N Elwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Oserman

(Address) 1241 N Elwood

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 2/18/38 19

19. UNDERTAKER Jack Levin Inc

(Address) 1060 Gay St

FILED FEB 18 1938 19 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Oserman M. D.
Coroner

(Address) 1917 E. North Ave

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V5a

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44039

CERTIFICATE OF DEATH

27-1 V 72-a F 44039

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen Hosp St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Martin) Luther Wright

If U. S. Veteran specify WAR

(a) Residence: No. 3511 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Sara Hammond.

6. DATE OF BIRTH (month, day, year): Dec. 17. 1867

7. AGE: Years 70; Months 3; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Lewis Wright

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sara Hammond

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Wm A. Carlston

(Address) 3514 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: Feb. 19th 1938

19. UNDERTAKER: Fuller Lassahn & Sar

(Address) 748 Poplar Rd

FEB 18 1938 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 - 38. 1938 to Feb. 17. 1938

I last saw him alive on Feb. 16. 1938. Death is said to have occurred on the date stated above, at 6.40A m.

The principal cause of death and related causes of importance were as follows:

Chr. Lymphatic Leukemia — Date of onset 1937

Chr. Myocardial Failure

Other contributory causes of importance:

Secondary anemia.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter Lann M. D.

(Address) W884

OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 44040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44040

CERTIFICATE OF DEATH

8-7 94-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton F Mc Sherry

(a) Residence: No. 2002 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna E. Mc Sherry

6. DATE OF BIRTH (month, day, year) July 10th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc repairs

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME E. Adams

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. Mc Sherry (Address) 2002 Ellsworth St

18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Date Feb. 19th 1938

19. UNDERTAKER Leidh Lassahn & Son (Address) 7401 Belair Rd.

20. FILED FEB 18 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Mueller M. D.

(Address) 1919 E. North Ave

State CAUSE OF DEATH in plain terms. So that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

V S 6

F 44041 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44041

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2041 Llewellyn Ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lelia - Miller

(a) Residence: No. 2041 Llewellyn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years 40 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Black Miller

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elyza Miller

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Miller

(Address) 2041 Llewellyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date Feb 19th 1938

19. UNDERTAKER Milton David

(Address) 616 N. Eden St

20. FILED 19 Registrar.

FEB 18 1938 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Appendicitis

Other contributory causes of importance:

Date of onset Feb 15 1938 post

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M. D.

(Signed) Geo P. Allen Coroner

(Address) 12 Lanvale St.

State CAUSE OF DEATH in plain terms. Do not state mode of dying, or mere symptoms. OCCUPATION is very important. See instructions on back of certificate.

F 44042

44042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 44-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 N. Fulton ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella A. Dorsey

(a) Residence: No. 1921 N. Fulton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Dennis H. Dorsey

6. DATE OF BIRTH (month, day, year): Feb. 2, 1876.

7. AGE: Years: 62; Months: ; Days: 15; If LESS than 1 day, hrs. or min.:

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0027

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Dominic Welby

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Mamie Mullen

(Address) 4411 Frankford ave

18. BURIAL, CREMATION, REMOVAL: Place: New Cathedral Date: 2/21/38

19. UNDERTAKER: Richard F. Curley

(Address) 700 E. North ave

20. FILED: FEB 16 1938

Hamilton Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/9/38 to 2-17, 1938

I last saw h[illegible] alive on 2/17, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: 2/13/38

Coronary Thrombosis — Date of onset: 2/9/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward L. Thompson M.D.

(Address) 1945 W. Pratt

OCCUPATION is very important. See instructions on back of certificate.

44043

HEALTH DEPARTMENT—CITY OF BALTIMORE

44043

CERTIFICATE OF DEATH 30813 (M) 5-105

5-1 V 341 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospitals St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mattie Pugh

(a) Residence: No. 1107 E. Lexington St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Watson

6. DATE OF BIRTH (month, day, year) 4/30/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Denego Coleman

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT City nospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb 19th 1938

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley Av Huntington Station, N.Y.

Reg. No. FEB 18 1938 Registrar.

V 8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1938

22. I HEREBY CERTIFY, That I attended deceased from February 12. 1938 to February 14. 1938

I last saw h[illegible] alive on February 14. 1938 Death is said to have occurred on the date stated above, at 12 55 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 2-9-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. de Lamb M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 44044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44044

CERTIFICATE OF DEATH

✓ 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138-E. North Ave. St. 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wayne James Greenstreet

If U. S. Veteran specify WAR no

(a) Residence: No. 2138-E. North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Jan. 15th. 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
--	1	2	XXX 2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Greenstreet

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mildred Abbott

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mildred Greenstreet

(Address) 2138-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 2/19/38 19

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED FEB 1 6 1938 Huntington Williams, M.D. Registrar.

FEB 1 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Jan 17, 1938

I last saw him alive on Jan. 17, 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/13/38
Other contributory causes of importance: Edema of Lungs	1/17/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1031 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

F 44045

F 44045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No.

2. FULL NAME William T. Nolte

(a) Residence: No. 2418 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie ?

6. DATE OF BIRTH (month, day, year) May 7th, 1675

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	62	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Nolte

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Auguste (Weinlke)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. H. Nolte
(Address) 2813-Halcyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date 2/14/38, 19

19. UNDERTAKER George O. Kuhn, Inc.
(Address) 1735-Hertford Ave.

20. FILED ..... 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Feb 16, 1938.

I last saw him alive on Feb 16, 1938. Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma ; Lung (Left)	?
Other contributory causes of importance: Metastases to liver & Spleen	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Brouillet, M. D.

(Address) St. Joseph's Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

VS 8

FEB 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44046

CERTIFICATE OF DEATH

44046

93-c

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Howard H. Russell

(a) Residence: No. 4222 Harford Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Elizabeth Triviland

6. DATE OF BIRTH (month, day, year) June 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Towel business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Russell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeannette Waniwich

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 2-18-38

19. UNDERTAKER (Address) Rev. C. B. Herbert & Son 1500 Eastern Place

20. FILED FEB 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938, to February 15, 1938

I last saw him alive on February 15, 1938 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, coronary thrombosis	2-15-38
Heart disease, myocarditis, chronic,	unknown
arteriosclerotic	unknown
Arteriosclerosis, general	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H K Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RIL/6

44047

HEALTH DEPARTMENT—CITY OF BALTIMORE

44047

CERTIFICATE OF DEATH

92-a

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 3 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ailen L. Love

(a) Residence: No. 702 E. Read St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Love

6. DATE OF BIRTH (month, day, year) Nov. 8-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Collins

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

MOTHER

15. MAIDEN NAME Isabelle Bevington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry A Love (Address) 702 E Read St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/19 1938

19. UNDERTAKER Leonard J Peck (Address) 1 Hamilton Ave

FILED FEB 18 1938 19 Registrar Huntington Williams M.D.

V S G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac heart disease	1 yrs
Senility	1 yrs
Arterio-sclerosis general	1 yrs

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood Coroner, M. D.

(Address) 1712 E. Monument St.

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44048

CERTIFICATE OF DEATH

F 44048

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 E. 22nd St., 9-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Winifred Whettle

(a) Residence: No. 515 E. 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles V. Whettle

6. DATE OF BIRTH (month, day, year) July 27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Roan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Nora Whettle
(Address) 1279 William St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Feb. 19 1938

19. UNDERTAKER Margaret A. Flynn
(Address) 426 Light St.

FILED FEB 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938 to Feb 16 1938

I last saw her alive on Feb 16 1938 Death is said to have occurred on the date stated above, at 2-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 mos
Other contributory causes of importance: Arteriosclerosis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. V. Whettle, M. D.

(Address) 1279 William St

OCCUPATION is very important. See instructions on back of certificate.

F 44049

F 44049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Thompson St. 5-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Johnsen

(a) Residence: No. 1103 Thompson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Johnsen

6. DATE OF BIRTH (month, day, year) Dec 5 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Price

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Emma Price

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Lucille Young (Address) 1103 Thompson St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem Date 2-18 1938

19. UNDERTAKER Bozzuto & Sons & Wright (Address) 1801 E Baltimore St

20. FILED FEB 18 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 14 1938
Other contributory causes of importance: Chronic Nephritis	Dec 1 1937

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen, M. D. Coroner

(Address) 50 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

44050 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44050

CERTIFICATE OF DEATH 59 #29190 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stringfellow

If U. S. Veteran specify WAR

(a) Residence: No. 210 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6. DATE OF BIRTH (month, day, year) 7/24/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery cem Date 2-18-, 38

19. UNDERTAKER Byrd & Mangold & Wright
(Address) 1218 N. Caroline St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-18-37, to 2-16-38

I last saw him alive on 2-16-38. Death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	unknown
Gangrene foot	unknown
Bronchopneumonia	unknown
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-27-38

For what disease or injury? Gangrene foot

Name of operation Mid thigh amputation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

FEB 18 1938 Huntington Williams, M.D.

F 44051

F 44051 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Bay View Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 76-10 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Brown

(a) Residence: No. 211 S. Clinton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Jennie Brown

6. DATE OF BIRTH (month, day, year) April 1-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jennie Brown Wife

(Address) 211 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL Date FEB 18 1938

Place

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED FEB 18 1938 Registrar

Feb 1 1938

38-57

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Feb. 7-1938
Other contributory causes of importance Fracture Skull, intestine	Feb 5-1938

Was an operation performed? Yes Date of Feb. 7-1938

For what disease or injury Perforation of Intestine

Name of operation Laparotomy Date of Feb 7-1938

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Feb. 5, 1938

Where did injury occur? 211 S. Clinton St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fracture Skull, intestine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1112 E. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

44052

F 44052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 1572

1. PLACE OF DEATH Bacto. City Hospitals

CITY OF BALTIMORE: (No. Gay Lair St., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene Coates

(a) Residence: No. 1439 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School FEB 1 1938
Place Date

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED FEB 1 1938 Commissioner of Health
(Signature)

FEB 18 1938 8:35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
(Inquest, Autopsy or Inquiry) And that said deceased came
died on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabetic Heart disease	Years
	Time
	Long
	Time

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Unk Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Unk

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Unk Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 E. Baltimore St.

State cause of death in plain English and avoid the use of technical terms. OCCUPATION is very important. See instructions on back of certificate.

F 44053 ✓ F 44053

F 44053 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4-275

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME John Kny

(a) Residence: No. 504 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NotK nown

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB. 1 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams, Jr.

20. FILED FEB 8 1938 Registrar

38:35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Alconolism	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Allen, M. D.
Coroner

(Address) 2757 Wilmot

OCCUPATION is very important. See instructions on back of certificate.

Samuel Lynch

F 44054

F 44054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8972

1. PLACE OF DEATH Balt. Harbor 183

CITY OF BALTIMORE: (No. Dock & Wills St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Lynch

(a) Residence: No. 238 S. Wallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not known

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Identified by affidavit

(Address) Brun 238 S. Wallas

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB 12 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams, Inc.

20. FILED F-8-1938 38:34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Art. Thrombosis	2 hrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. E. Wood Coroner, M. D.

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

4055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44055

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hosp. St. 15-12 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Catherine Andrews

(a) Residence: No. 3828 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) July 26, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	6	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Hampton Mass.

FATHER

13. NAME Edwin Andrews

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Catherine Fairbanks

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mr. John B. Taylor
(Address) 3828 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Clinton, Mass. Date Feb. 18 1938

19. UNDERTAKER W. J. Rogers Sons
(Address) Montague Mass.

20. FEB 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Shock	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, homicide? Accident Feb. 13, 1938

Where did injury occur? 3828 Park Heights Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell over Rug in Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

State occupation of deceased as given by informant. See instructions on back of certificate. OCCUPATION is very important.

V S 6

F 44056

44056 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6718 Danville Ave St. Gerald & Pafe Ward 26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick J. Schultz

(a) Residence: No. 6718 Danville Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Schultz.

6. DATE OF BIRTH (month, day, year) May 16 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Sachs

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mollie Hall

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John A. Schultz, husband (Address) 6718 Danville ave

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 2/19 - 1938

19. UNDERTAKER Lilly & Zeller Inc (Address) 503 Hillsdale St.

1938 FILED Harrington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Feb 16 1938

I last saw h[illegible] alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1937

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A.W. Reier M. D.

(Address) Dundalk Md.

OCCUPATION is very important. See instructions on back of certificate.

8 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 4057

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marianne O'Neill

(a) Residence: No. Box 83 St., Bladensburg Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer's Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hugh O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Manning

16. BIRTHPLACE (city or town) (State or country) NY

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hyattsville Md Feb 18, 38

19. UNDERTAKER F Gasch & Sons

(Address) Hyattsville Md

20. FILED ..... 19 ..... Registrar.

18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938 to Feb 17, 1938

I last saw her alive on Feb 17, 1938. Death is said to have occurred on the date stated above, at 11.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myelogenous leukemia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

710 If so, specify .....

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44058

CERTIFICATE OF DEATH 460 F 44058

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey S Trabert

If U. S. Veteran specify WAR

(a) Residence: No. Freeland, Md. R. D. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 6, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Dec. 1937.

11. Total time (years) spent in this occupation 22.

12. BIRTHPLACE (city or town) (State or country) Freeland, Md. Balto Co.

FATHER

13. NAME Reuben H. Trabert

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Alice Keeney.

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT K. H. Trabert (Address) Freeland, Md. R. D.

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Balto. Co. Md. Date Febr. 20, 1938.

19. UNDERTAKER Ehrenfeld & Son (Address) 3615-17 Chestnut Ave.

20. FILED FEB 18 1938 Lexington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-13-38 . 19 . to 2-18-38 . 19

I last saw him alive on 2-18-38 . 19 . Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Cellulitis of Lt. Buttock	?

Other contributory causes of importance:

Anemia (severe)	?
Dehydration	?

Was an operation performed? Yes Date of:

For what disease or injury? Carcinoma of rectum

Name of operation Colostomy. Resection of tumor

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard W. Levine M. D.

(Address) University Hospital, Balto.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V8 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44059 — CERTIFICATE OF DEATH — 122-a — F 44059

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. (Ward) 9-3

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ada M. Hoshall

(a) Residence: No. 715 E. 36th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Widowed~~ Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wife of Walter S. Hoshall

6. DATE OF BIRTH (month, day, year) Mar. 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

FATHER

13. NAME — John Mosh

14. BIRTHPLACE (city or town) (State or country) — Baltimore Co.

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT (Address) — Walter S. Hoshall 715 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL — Loudon Park Feb 21 1938

19. UNDERTAKER — Chenoweth Son. (Address) 36 (5-12 Govans Rd

20. DATE — FEB 18 1938 — 19 — Huntington Pollitt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/14/38 . 19 ... to 2/16/38 . 19 ... I last saw her alive on 2/17/38 . 19 ... Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia,	
Bilat. lobar pneumonia	
following operation.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/14/38

For what disease or injury? Strangulated umbilical hernia

Name of operation Herniaplasty

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard J. Williams M. D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

#30780

F 44060

CERTIFICATE OF DEATH

95-B

SF F 44060

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-A Ward) 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? 50 yrs.....mos.....ds.

2. FULL NAME Florence Straszyski-Stranskey-Struyzinski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2326 Cambridge St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) April 24 1875

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
~~65~~ 62		9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb. 21. 1938

19. UNDERTAKER Fred W Ozazewski

(Address) 1900 Eastern Ave

FEB 21 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1938 to February 16, 1938.

I last saw h[illegible] alive on February 16, 1938. Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-11-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Bruenings M. D.

(Address) Baltimore City Hospitals

F 44061

44061 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOS. St., 4th W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME FENWICK KNOTTS

(a) Residence: No. NEWPORT, MD St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jefferson Knott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Newport Cemetery Date 2/18 1938

19. UNDERTAKER Hunter & Ryon Milford, Del.

(Address)

20. FILED 2/18/1938 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/2/38 19 to 2/18/38 19

I last saw him alive on 2/16/38 19 Death is said to have occurred on the date stated above, at 12 ½ p m.

The principal cause of death and related causes of importance were as follows:

1 Multiple Neuritis

Agranulocytic Angina

Other P. Viridans Septicemia

Date of onset

Aug - 37

1/2/38

2/12/38

10 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter E. Dawson M. D.

(Address) Univ. Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44062 ✓ 124-15 F 44062

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carolla I. Wharran

(a) Residence: No. Hammond Lane - Anne Arundel Co Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Wharran

6. DATE OF BIRTH (month, day, year) March 17 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjiman F Baldwin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs William H Wharran
(Address) Hammond Road, Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 19 1938

19. UNDERTAKER William M Mareck
(Address) 710 Light St

..... 19..... Registrar.

FEB 18 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938 to Feb 17, 1938

I last saw her alive on Feb 17, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1 yr
Severe Secondary Anemia	1 yr
	Poor

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George H. Broeillet, M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44063

CERTIFICATE OF DEATH

V 92-9 F 44063

Registered No. 12-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Whitridge Ave. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph A. Miller

(a) Residence: No. 430 Whitridge Ave., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 24, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret E. Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Margaret E. Miller (Mother)

(Address) 430 Whitridge Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 19 19 38

19. UNDERTAKER William M Maech

(Address) 715 Eager St

20. FILED 19 Registrar

FEB 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18 1937 to Feby 17 1938.

I last saw him alive on Feby 17 1938 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency, Renal arteriosclerosis — Date of onset: 2 yrs

Other contributory causes of importance: influenza and Cardiac dilatation — 2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cismulcap M. D.

(Address) 2028 E North Ave

44064 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44064

XV 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Ct. St., Ward.

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Carrie

If U. S. Veteran specify WAR

(a) Residence: No. Linkton Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

3a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mr. Geo. Collins

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Golsan Coleman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arnold

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Records of University Maryland Hospital)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Havre de Grace Date Feb. 18, 1938

19. UNDERTAKER Elmer E. Bedlock

(Address) 326 Lewis St. Havre de Grace, Md.

20. FILED 19 ..... Registrar.

FEB 18 1938 at Dr. Wilson's

B N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938, to Feb 18, 1938

I last saw h[illegible] alive on Feb 18, 1938. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	Unknown
Ascites	Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) [signature] M. D.

(Address) Harford County Hospital

F 44065

44065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W. Fayette St. Hosp. Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam Pazniekas

(a) Residence: No. 712 W. Fayette St., Hosp. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha

6. DATE OF BIRTH (month, day, year) 12/24/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Barn

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Antony Paznekas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Agatha Papunga

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Paznekas (Address) 712 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb. 19, 1938

19. UNDERTAKER John A. Szeblauskas Jr (Address) 1423 S. Paca Street

20. FILED 1938 [illegible], Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1937 to Feb. 17, 1938

I last saw h... alive on Feb. 16, 1938 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of liver	1 year
Arterio-Sclerosis	2 yrs
Other contributory causes of importance: Acute Dilatation of Heart	48 hrs

Was an operation performed? yes Date of Dec. 20-37

For what disease or injury? Strangulated Hernia

Name of operation Herniotomy

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Shea M.D.

(Address) 712 W. Fayette St

44066 F 44066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Conductor St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 2

2. FULL NAME Samuel C. Meyer

(a) Residence: No. 7 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Blanche Meyer

6. DATE OF BIRTH (month, day, year) July 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Meyer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Newburger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Wernecke

(Address) 1514 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date 7/19 38

19. UNDERTAKER J. McCole

(Address) 1217 E. Baltimore St.

20. FILED . 19

Registrar

1 0 1938

V S 6

Funeral for Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1917 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

44067

HEALTH DEPARTMENT—CITY OF BALTIMORE

44067

CERTIFICATE OF DEATH

V 181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Connie M. Gate

(a) Residence: No. 1543 Augusta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Frederick W. A. Gate

6. DATE OF BIRTH (month, day, year) June 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Linck

14. BIRTHPLACE (city or town) (State or country) Md. Baltimore

MOTHER

15. MAIDEN NAME Amelia Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frederick W. A. Gate
(Address) 1543 Augusta St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/19 38

19. UNDERTAKER J. M. Cox
(Address) 1217 Druid Pond St

FILED FEB 19 1938 19 Clinton Williams, M.D.
(Registrar)

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2nd Legs (sores) Body	

Other contributory causes of importance:
Varicosis No

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16, 1938

Where did injury occur? 1543 Augusta St. Balto. City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on stone & Cobbles

Nature of injury Caught on fire.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Mueller M. D.
Coroner

(Address) 1912 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

F 44068 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44068

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Calvin St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Railey

If U.S. Veteran give war's name and specify WAR Civil War

(a) Residence: No. 407 Calvin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Winnie A. Riley

6. DATE OF BIRTH (month, day, year) June 29th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. National Window Glass Co

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Riley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Winnie Railey
(Address) 407 N. Calvin St

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National (New) Date Feb 17th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

19 Filed 19 Hamilton Baltimore, Md.

2-19-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1937 to Feb 16 1938

I last saw h[illegible] alive on Feb 16 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
Ch Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

44069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44069

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St. 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Columbus Beatty If U. S. Veteran specify WAR No Record

(a) Residence: No. 117 E. Hillings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

8a. If married, widowed, or divorced HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) April 25 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— Child

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles M. Goetz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Garrison

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Chas. M. Goetz
(Address) 117 E. Hillings St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Feb 21 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED FEB 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1938 to 2-18 1938

I last saw him alive on 2-18 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia bilateral	2

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Kuhl M. D.

(Address) 20 E. Balto. St.

V 8 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44070

CERTIFICATE OF DEATH

95-BF 44070

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Appleton St 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick George Buckwald.

(a) Residence: No. 908 N. Appleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretha

6. DATE OF BIRTH (month, day, year) June 14-1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc City Roads

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Gottfried Buckwald

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Wilhelmina Buckwald.

(Address) 908 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2-21-38 19

19. UNDERTAKER H. B. Wippert & Son

(Address) 130 Eutaw Place.

20. FILED FEB 19 1938 Huntington Pettigrew Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1938, to 2-17-, 1938

I last saw h alive on 2-16-, 1938. Death is said to have occurred on the date stated above, at 10:12 a.m.

The principal cause of death and related causes of importance were as follows:

Organic heart disease — Date of onset

Other contributory causes of importance:

none

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44071 — CERTIFICATE OF DEATH — 97 — F 44071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N Fremont St., 7-1 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis A Seitz — If U. S. Veteran specify WAR .....

(a) Residence: No. 801 N Fremont Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Cornelia E. Seitz

6. DATE OF BIRTH (month, day, year): May 21 1876

7. AGE: Years 61 | Months 8 | Days 21 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer P.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): 2

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Lewis A Seitz

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs Edw J Prince

(Address) 801 N Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/19/38

19. UNDERTAKER: J R Stubbs & Son

(Address) 130 ~~Eutaw~~ ~~Huntington~~ Ave Baltimore Md

20. FILED FEB 19 1938 19..... Registrar.

FEB 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1938 to Feb 16 1938

I last saw him alive on Feb 16 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/13/38
Other contributory causes of importance: Arterio-Sclerosis	1/1/37

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) William J. Rayner M. D.

(Address) 801 N Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

F 44072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 F 44072

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 Eo Whitney Ave (St.) (Ward)

Length of residence in city or town where death occurred 68 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Joyce

If U. S. Veteran specify WAR

(a) Residence: No. 28 Eo Whitney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances E. Joyce

6. DATE OF BIRTH (month, day, year) April 11 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Eng

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec Equipment

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Charles H. Joyce

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jane L. Duncan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Frances E. Joyce
(Address) 28 Eo Whitney Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/9/38

19. UNDERTAKER T B Shepherd & Son
(Address) 1300 Eutaw Place

20. FILED FEB 9 1938 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

Attached to said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/7/38
Hypertension	
Other contributory causes of importance: Myocarditis Chronic	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain Coroner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

V S 6

44073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44073

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 72-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frances Schmitt

If U. S. Veteran specify WAR

(a) Residence: No. 3119 Stafford St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Adam Schmitt

6. DATE OF BIRTH (month, day, year) Oct 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sebastian Wallbrunn

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Barbara Lang

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Charles P. Schmitt

(Address) 3119 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/21/38

19. UNDERTAKER John J Cowen & Son

(Address) 901 Fulton Ave

2/19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/38.49

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to 2-18, 1938

I last saw her alive on 2-18, 1938. Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-16-38
Hypp. Cardiovascular Disease	?
& Angina Pectoris	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence J Shumanek M. D.

(Address) St Agnes Hospital

44074 F 44074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Montana ave 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna A. Berger

If U. S. Veteran specify WAR .....

(a) Residence: No. 4113 Montana ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schmidt's Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Berger

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Eva Wolfrum

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John Berger
(Address) 4113 Montana ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem bur. Date Feb 20 1938

19. UNDERTAKER Martin W. E. Dippel
(Address) 27 S. Ann St.

FILED 19 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3 1938 to February 16, 1938

Last saw h. alive on February 16, 1938 Death is said to have occurred on the date stated above, at 8 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
TB Rheumatic Cardio Vascular Disease	Oct 1937
Rheumatic Fever	June 1938
Mitral Stenosis & Insufficiency	
Other contributory causes of importance:	
Cerebral Embolism	Feb 16, 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Edmunds M. D.

(Address) 2746 Alameda Blvd.

Gauchheimer

44075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39 F 44075

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lachheimer

(a) Residence: No. Riviera Apts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen A. Lauchheimer

6. DATE OF BIRTH (month, day, year) July 19 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74.	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Myer Lauchheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Eichberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. R. M. Lauchheimer

(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Feb. 20, 1938

19. UNDERTAKER Harry Sondheim & Son

(Address) 1932 Eastern Ave.

FEB 19 1938

Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938, to Feb. 18, 1938

last saw him alive on Feb. 18, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	FEB 16

Other contributory causes of importance:

1. Diabetes Mellitus
2. Hypertension; arteriosclerosis

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. Stanley Bank, M. D.

(Address) Sinai Hospital

44076 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44076

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Linden Ave. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis M. Kann

(a) Residence: No. 2227 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S. Kann

6. DATE OF BIRTH (month, day, year) March 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Renault

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Representative

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mendel Kann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Leopoldina Neuberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Kann,
(Address) 2227 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Feby. 20, 19 38

19. UNDERTAKER Harry Goodman & Son
(Address) 1902 Eutaw Place.

19 1938 H. [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 18, 19 38

22. I HEREBY CERTIFY, That I attended deceased from February 4, 19 38 to February 18, 19 38

I last saw h[illegible] alive on February 14, 19 38 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of Mediastinum	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence Katzenstein, M. D.

(Address) 1814 Eutaw Place

F 44077

44077 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92 c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 N. Central Ave St., 10-2 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Charles J. Itzel

(a) Residence: No. 839 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida L. Itzel

6. DATE OF BIRTH (month, day, year) March 13, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73-74	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Itzel

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary E. Hahn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. George H. Itzel
(Address) 1447 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 21 38
Place Holy Redeemer Cemetery

19. UNDERTAKER Feeney Funeral Home, Inc.
(Address) 1301 E. Eager St.

20. FILED Huntington Williams, M.D.

FEB 19 1938

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22 1937 to Feb 18 1938

I last saw him alive on Feb 18 1938 Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Other contributory causes of importance: Bronchial Pneumonia	2d

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Obsp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D.M.C. Cadle, M. D.

(Address) 1114 Hartford Ave

44078 F 44078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James W. Geary

(a) Residence: No. 36 N. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ella May Geary

6. DATE OF BIRTH (month, day, year): Feb. 17, 1886 His

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railway Express

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: James Geary

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Griffin

16. BIRTHPLACE (city or town) (State or country): Balto, Md.

17. INFORMANT: Ella May Geary

(Address): 36 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Feb 21 '38

19. UNDERTAKER: Harry H. Metzke

(Address): 4101 Edmondson ave.

FEB 19 1938

(Signed) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Attorney or Inquiry) (Inquest, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Skin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

44079

CERTIFICATE OF DEATH

92-E 44079

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Arlington Ave 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. King

(a) Residence: No. 1019 Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin J. King

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0-70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Glouster Co Va

FATHER

13. NAME James Jenkins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary E. Miller

(Address) 1019 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Glouster Co Va Date 2/21 1938

19. UNDERTAKER Thomas E. Kelly & Son

(Address) 1330 Pleasant St

Filed FEB 18 1938 Harry Huntington Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Feb 18 1938

I last saw her alive on Feb 16 1938. Death is said to have occurred on the date stated above, at 2.00 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset Jan 28

Other contributory causes of importance:

Chronic Valvular Heart Disease
Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lee Kemp M. D.

(Address) 1178 W. Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44080 — 131 — F 44080

Registered No. 6-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Jefferson St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Price

(a) Residence: No. 1819 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Easton, Md.,

FATHER

13. NAME Thomas Henry

14. BIRTHPLACE (city or town) (State or country) Easton, Md.,

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Easton, Md.,

17. INFORMANT Frances Adams 1819 Jefferson St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 19 38

19. UNDERTAKER Mrs. Mary H. Holland
(Address) 1931 Druid Hill Ave
Huntington Pallbearers

FEB 19 1938

6

OCCUPATION IS VERY Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 38 19

22. I HEREBY CERTIFY, That I attended deceased from June 31 19 38 to Feb 16 19 38

I last saw her alive on 2/16 19 38 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/31/38
Paralysis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) [illegible] M. D.

(Address) [illegible]

44081 ✓ F 44081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Herbert St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fortune Brunner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2115 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18 '06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 2115 Herbert St. Balto. Md.

FATHER

13. NAME Hamilton F. Brunner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ida C. Pereguy

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Ida C. Pereguy
(Address) 2115 Herbert St

18. BURIAL, CREMATION, OR REMOVAL

Pl...

UNIVERSITY MEDICAL SCHOOL FEB 19 1938

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER
(Address) Herrington Williams MD

19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 18 . 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18 . 1938. to July 18 . 1938

I last saw h... alive on July. 18 . 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Prematurity	3 hrs

Other contributory causes of importance:

3rd Premature delivery Mother Stationed

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. A. Smith M. D.

(Address) 1605 N. Monroe St

F 44082

44082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 137

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Monument St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. .da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR ....

2. FULL NAME Henry F. Phipps

(a) Residence: No. Mitchellville, Prince Georges Co. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjamin Phipps

14. BIRTHPLACE (City or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT P. E. Phipps (Address) Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Mitchellville Md Date Feb 21 1938

19. UNDERTAKER Clarence Soreaze (Address) Mitchellville Md

20. FILED 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to February 18, 1938

I last saw him alive on February 15, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset 2/14/38

Pneumonia

Pleurisy

Mild Cerebral Accident

Other contributory causes of importance:

Operation -

Was an operation performed? yes - Date of January 26, 38

For what disease or injury? Benign Prostatic Hypertrophy

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Forden Fry M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

F 44083

44083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1603

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Argyll Ave. St., 47-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarice Parker

(a) Residence: No. 1127 Argyll Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Ronnie Smith

14. BIRTHPLACE (city or town) (State or country) Suffolk Va.

MOTHER

15. MAIDEN NAME Lilly May Parker

16. BIRTHPLACE (city or town) (State or country) Harrisville N. Carolina

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL FEB 19 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED FEB 19 19[illegible]
6384

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938 to Feb 19, 1938

I last saw her alive on Feb 16, 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage (Brain Injury)

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Warren Albertson, M. D.
(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

44084 V F 44084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Hughes St. 22-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ella Pappas

(a) Residence: No. 104 Hughes St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Pappas

6. DATE OF BIRTH (month, day, year): Jan. 29, 1904

7. AGE: Years: 33; Months: ; Days: 19; If LESS than 1 day, hrs. or min.: 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Frederick Oberg
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Lucy Broughton
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mr. John Pappas 104 Hughes St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Carmel Cem. Date Feb. 21 1938

19. UNDERTAKER (Address): Wendell J. Dippel, 700 [illegible]

20. [illegible] 19 [illegible]

FEB 19 1938

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to Feb. 17, 1938

I last saw her alive on Feb. 17, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/10/38
Other contributory causes of importance: Acute dilatation of heart	2/16/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible] (Signed) H. L. Campbell M. D.

2/18/38 (Address) 1644 Hanover St

F M. 44085 ✓ F 44085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Hillen St. 163 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Bacon

(a) Residence: No. 7202 1 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellis Bacon

6. DATE OF BIRTH (month, day, year) Feb 1 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. (State or country) Md

FATHER

13. NAME Thomas Costley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Waters

16. BIRTHPLACE (city or town) Howard Co (State or country) Md

17. INFORMANT Hattie Ridley

(Address) 720 1 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt - Auburn Date Feb 19, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FEB 19 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Feb 17, 1938

I last saw him alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes;	
Diabetic Gangrene	
Right foot & leg	Dec 1937

Other contributory causes of importance:

Nephritis;

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. F. French M.D.

(Address) 7329 Amanda

OCCUPATION is very important. See instructions on back of certificate.

F 44086

F 44086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1372 Woodyear St. (Ward) 25-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Lucie Anderson

(a) Residence: No. 1372 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, (or) WIFE of Alex. Anderson

6. DATE OF BIRTH (month, day, year) May 18 '72

7. AGE 65 Years | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia Clemmons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alexander Anderson
(Address) 1372 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Feb. 21, 38

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 3228 Schroeder St. Huntington Station, Md.

FEB 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1938 to Feb 17 1938

I last saw h[illegible] alive on Feb 17 1938 at 10.15 P.M.

to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset

Other contributory causes of importance: —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank E. Wagner M.D.

(Address) 627 Lexington

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

44087 F 44087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174 CC 1932

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Home 1811 E. Baltimore St. 2-2 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Fagan

(a) Residence: No. 1811 E. Baltimore St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hayman Fagan

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Fagan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Mahon Brother in law

(Address) 1811 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/20/38.

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balto St.

20. FILED 2-20-1938 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to incised wound of neck and chest.	Feb 17, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Homicide Date of injury Feb 17, 1938

Where did injury occur? 1811 E. Baltimore St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Homicide & Court

Nature of injury Incised Wound of neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 E. Baltimore St.

20 1938

M. D. P. 1265-9

44088 F 44088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St., 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

2. FULL NAME Mr. Hirsch Rosenthal

(a) Residence: No. 2025 Ruxton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Augusta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Southern Ave Date 2/20/38

19. UNDERTAKER Jos. Lauer Sons
(Address) 1429 E. Baltimore St.

20 1938 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-38, 19

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1938 to Feb. 18 1938

I last saw him alive on Feb. 18 1938 Death is said to have occurred on the date stated above, at 9 19A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-9-38
Other contributory causes of importance: Gen. arteriosclerosis	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Sodus M. D.

(Address) Franklin Sq. Hosp.

F 41089

41089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 45

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 7574 Druid Park Drive (Ward) 12
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Louis Jacobs
If U. S. Veteran specify WAR

(a) Residence: No. 7574 Druid Park Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): 10-30-1884

7. AGE: Years 53 | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Lutsk Poland

FATHER
13. NAME: Luban
14. BIRTHPLACE (City or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (City or town) (State or country): Poland

17. INFORMANT: Sidney Jacobs
(Address) 2805 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/20/38

19. UNDERTAKER: Jack Levin Inc
(Address) 1453 E Balto St

20. FILED ... 19... Thomas J. Williams Registrar.

2-0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/18/38

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to Feb 18 1938
I last saw him alive on Feb 18 1938. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Arteriosclerosis.	
Other contributory causes of importance:	

Was an operation performed? no Date of ...
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Benjamin Pushkin M. D.
(Address) 2338 Eutaw pl.

OCCUPATION is very important. See instructions on back of certificate.

44090 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44090

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 ASQUITH ST. St., 9-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME JACOB J. KIMMRALE

(a) Residence: No. 2511 ASQUITH ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARY KIMMRALE

6. DATE OF BIRTH (month, day, year) JUNE 8/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	48	8	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAVERN KEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME FERDINAND KIMMRALE

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME MARGARETT LEIPERT.

16. BIRTHPLACE (city or town) (State or country) BALT. MD.

17. INFORMANT MARY KIMMRALE (WIFE)
(Address) 2511 ASQUITH ST.

18. BURIAL, CREMATION, OR REMOVAL
Place WOOD LAWN Date FEB. 21 1938

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. 61st St.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 17 1938

22. I HEREBY CERTIFY, That I attended deceased (from 2/11 1938 to 2/17 1938)

I last saw him alive on 2/17 1938 Death is said to have occurred on the date stated above, at 5/10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1/15/37
Other contributory causes of importance: Myocardial Degeneration	2/15/38

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) David Miller M. D.

(Address) 1500 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

VS 3

44091 F 44091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Monument St., 7-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Matoska

If U.S. Veteran specify WAR

(a) Residence: No. 525 N. Belnord ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Barbara Matoska

6. DATE OF BIRTH (month, day, year) Mar 21 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Matoska

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Matoska

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Matoska
(Address) 509 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Feb 21 1938

19. UNDERTAKER Albert M Gregory
(Address) 4402 Wabash Ave

20. FILED 1938 [illegible] Registrar.

01338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1938

22. I HEREBY CERTIFY, That I attended deceased from November 6 1937 to February 18 1938

I last saw him alive on February 18 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	2/13/38
Pulmonary edema	
Subacute bacterial endocarditis	acute

Other contributory causes of importance:

Was an operation performed? yes Date of 11/14/37

For what disease or injury? Prostatic hypertrophy

What test confirmed diagnosis? microscopic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Mey M. D.

(Address) Sinai Hospital

44092 ✓ F 44092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 West Baltimore St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Esther Hamilton

(a) Residence: No. 339 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Hamilton

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ehr Lewenthal

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Caroline Poland

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rebecca Myers

(Address) 339 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date Feb 20. 1938

19. UNDERTAKER J. J. Emerson & Bros

(Address) 1124-26 North ave

FILED 20 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described here, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia,	
2 Chronic Myocarditis,	

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Nauss 421 W. M. D.

Coroner

(Address) 12-16 Dallas St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 44093

HEALTH DEPARTMENT—CITY OF BALTIMORE

44093

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Lucerne Ave St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Berman

If U.S. Veteran specify WAR

(a) Residence: No. 2141 Piedmont Ave St., Ward. Lynchburg, Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga

FATHER

13. NAME Gustav Berman

14. BIRTHPLACE (city or town) (State or country) Riga

MOTHER

15. MAIDEN NAME Ruth —

16. BIRTHPLACE (city or town) (State or country) Riga

17. INFORMANT Harry Berman

(Address) Lynchburg Va.

18. BURIAL, CREMATION, OR REMOVAL Lynchburg Va. Date Feb 20, 1938

19. UNDERTAKER Fol Levinson & Bro

(Address) 1124-26 W. North ave

20 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1937, to February 19, 1938

I last saw him alive on February 9, 1938 Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Feb. 12, 1938
pulmonary edema	

Other contributory causes of importance: Cancer of bladder

Was an operation performed? yes Date of Feb. 11, 1938

For what disease or injury? Excision of bladder

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Levy M. D.

(Address) Sinai Hospital

✓ F 44094

44094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 169

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGIE E. CONAWAY

(a) Residence: No. 1315 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W.Va.

FATHER

13. NAME Charles C. Conaway

14. BIRTHPLACE (city or town) (State or country) W.Va.

MOTHER

15. MAIDEN NAME Mary B.Sturm

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT William Conaway

(Address) Fairmont W.Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont W.Va. Date Feby 21.1938

19. UNDERTAKER John A. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

2 01 38

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19.1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	2-19-38
Fracture of Spine	2-19-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-19, 1938

Where did injury occur? Mt. Vernon Square (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell 160 feet

Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Brooke, M. D. Coroner

(Address) 726 Newington Ave.

1351 E. Fayette St.

44095 F 44095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a 30526 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... Balto. City Hospt. St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 15 yrs. ... mos. ... ds.

2. FULL NAME Andrew Balsis

If U. S. Veteran specify WAR

(a) Residence: No. 876 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL cemetery
Place St Paul's Fifth church Date 2/21- 38

19. UNDERTAKER Chas B. Kuchaugeas Co
(Address) 637 S. Paca St

20. FILED 2-21-38 Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 18, 1938

I last saw him alive on February 18, 1938 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloid leukemia	4 hours

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

44096 E 44096

CERTIFICATE OF DEATH

30878 (MB)

Registered No. 16-389-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Brown.

(a) Residence: No. 1129 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 6/13/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/22, 38

19. UNDERTAKER Wilhelm Bros. Co.
(Address) 1217 E. Fayette St.

20. FILED 2-20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1938, to 2-17, 1938

I last saw h/AM alive on 2-17, 1938. Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mastoiditis	Unknown
Bronchopneumonia	2-17-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-17-38

For what disease or injury? Acute mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

44097 E 44097

HEALTH DEPARTMENT—CITY OF BALTIMORE

30899 JS

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR to Record

2. FULL NAME Percy Smick

(a) Residence: No. 2090 E. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Smick

6. DATE OF BIRTH (month, day, year) 1-19-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate & Tile Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Vera Hicks

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2/21 1938

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

2[illegible] 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1938 to February 18, 1938

I last saw him alive on February 18, 1938 Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-12-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals

F 44098

44098 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Appleton St. Ward) 16-H

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Geo. F. Harvey

(a) Residence: No. 721 Appleton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~OR WIFE of~~: Ida B. Harvey

6. DATE OF BIRTH (month, day, year): Apr - 1869

7. AGE: Years: 68 | Months: 10 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Daniel Mills

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John W Harvey

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Desdemonia Smith

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Lawrence Harvey

(Address) 721 Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/22 1938

19. UNDERTAKER: Williams Cook Co

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

Feb 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to Feb 19 1938

last saw h... alive on Feb 18 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Chronic Valvular Heart Disease	10 yrs
Other contributory causes of importance:	
Acute Bronchitis	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Fox M. D.

(Address) 1316 Fremont Ave

44099 E 44099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 4-7

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Sarah Elizabeth Maddox

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1775 Gorsuch Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Oscar

6. DATE OF BIRTH (month, day, year) Aug 23 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... or ... min.
59	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo W Barnes

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER

15. MAIDEN NAME Ruth Ann Price

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT W J Maddox (Address) 27 Lake Floyd Park

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 2/21 1938

19. UNDERTAKER Wm Cook (Address) 1247 St Paul

20. FILED ... 19... Registrar

2-8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1938, to February 18, 1938

I last saw her alive on February 18, 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular renal disease with cerebral hemorrhage.

Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or, in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Irvin P. Klenkowski M. D.

(Address) Maryland General Hospital

F 44100

44100 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-t Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Robert O'Neal

(a) Residence: No. 1008 N. Washington St St., Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Charlotte E. O'Neal

6. DATE OF BIRTH (month, day, year) June 15th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large 40 yrs

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 1922

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charlotte Hammersbacher

(Address) 1008 N. Washington st

18. BURIAL, CREMATION, OR REMOVAL

Place Westerns Date Feb 23rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E. Read st

20. FILED 2 01938 Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1938 to 2/19 1938

I last saw h[illegible] alive on 2/19 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - pneumococcus type I	2/14/38

Other contributory causes of importance:

Coronary sclerosis & decompensation ?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Back. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Daniel Sondheimer, M. D.

(Address) Sinai Hospital

F 44101

HEALTH DEPARTMENT—CITY OF BALTIMORE

44101

CERTIFICATE OF DEATH

193-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Kingsley St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran give WAR of Record

2. FULL NAME Charles Frederick Kamp

(a) Residence: No. 3211 Kingsley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Donnie C. Kamp

6. DATE OF BIRTH (month, day, year): Feb 6th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sand

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Conrad Kamp

14. BIRTHPLACE (city or town) (State or country): Baden Germany

MOTHER

15. MAIDEN NAME: Emma Mann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Donnie C. Kamp

(Address) 3211 Kingsley St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: Feb 22nd 1938

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Feb 19 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1938 to 2/19 1938

I last saw him alive on 2/17 1938 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia — Date of onset

Acute Hypostasis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. B. Lemmon M. D.

(Address) 1214 Hollins Ave

OCCUPATION IS VERY Important. See Instructions on Back of Certificate.

VS 3

44102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44102

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home · Infirmary 6-5 V131 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Libernia V. Kline If U. S. Veteran specify WAR To Record

(a) Residence: No. Church Home & Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm H. Kline

6. DATE OF BIRTH (month, day, year) Mar 17th 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Moorefield W. Va.

FATHER

13. NAME Isaac G. Mast

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa

MOTHER

15. MAIDEN NAME Mary Crowl

16. BIRTHPLACE (city or town) (State or country) Shepherdstown W. Va.

17. INFORMANT Isadore R. Kline
(Address) 705 Cooks Lane

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 21st 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/37, 19 to 2/9/35, 19

I last saw her alive on 2/9/35, 19. Death is said to have occurred on the date stated above, at 11-7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Yrs.
Other contributory causes of importance: Chronic Nephritis	Yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wesley J. Ketz M. D.
(Address) Church Home & Inf.

44103 F 44103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Darley Ave 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Josiah Burley

If U.S. Veteran specify WAR

(a) Residence: No. 1714 Darley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of Katherine C Burley

6. DATE OF BIRTH (month, day, year) July 4 - 1867

7. AGE: Years 70 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glenn Martin Co

10. Date deceased last worked at this occupation (month and year) Oct 37

11. Total time (years) spent at this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME ? Burley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Katherine C Burley

(Address) 1714 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mouland Pk 2/22 193 8

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Feb 19 1938

last saw h[im] alive on Feb 19 1938. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 15 1937
Other contributory causes of importance:	
arterio-sclerosis	?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilbur M Pearce M. D.

(Address) 1 E Preston St

F 44104

44104 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B #21495 SF

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Nicholson (Ellen Nicholson)

(a) Residence: No. ~~701 E. 20th St.~~ 1140 North Ellwood Ave. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 2/5/~~1882~~ 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~56~~ 59 ~~56~~	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Everett ~~Holt~~ Welsh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E. Kane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Date 2/21/38

19. UNDERTAKER McCormick & Gould (Address) 1219 E. Fayette St.

20. FILED 2 0 1938 Registrar

VP 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to February 18, 1938

I last saw her alive on February 18, 1938. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-16-38
Other contributory causes of importance: Arteriosclerotic heart disease	Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lautelle M. D.

(Address) Baltimore City Hospitals

W.

F 44105

HEALTH DEPARTMENT—CITY OF BALTIMORE

44105

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Calhoun St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Susan V. Riggins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 128 N. Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John W. Riggins

6. DATE OF BIRTH (month, day, year) Feb 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Tanners Island Md.

FATHER

13. NAME John Hudson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Stanton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mamie Vance

(Address) 125 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Hill M.E. Church Date Feb 22 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED ..... 19 ..... Registrar.

2-0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21 1936 to Feb. 19 1938

I last saw her alive on Feb. 19 1938. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Williams & Bryett M. D.

(Address) 1326 W. Lombard St

F 44106

44106 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

54

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Ann St., 2-3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Anna Marchlewicz

If U.S Veteran specify WAR .....

(a) Residence: No. 531 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Marchlewicz

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wicenty Sobieszajski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Untraum

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr John Marchlewicz
(Address) 531 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 21 1938

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10 1926 to Feb. 18 1938

I last saw her alive on Feb. 18 1938 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Diabetes Mellitus	1926
Chronic myocarditis	1936
Other contributory causes of importance: Acute Cardiac dilatation	2-18-38

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Lab. P.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John V. Szczerbicki M. D.

(Address) 1802 Eastern Ave.

F 44107

44107 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1572

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 520 S. Bethel St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Bujanowski

(a) Residence: No. 520 S. Bethel St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bujanowski

6. DATE OF BIRTH (month, day, year) April 15-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Franz Kacprzewicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Anna Platzyck

(Address) 1713 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 20 1938

19. UNDERTAKER John F. Welby

(Address) 401 S. Chester St

Registrar.

2-8-1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb.
Hemiplegia left side.	
	Some time

Other contributory causes of importance: Chronic Heart disease, senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1717 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

21108 HEALTH DEPARTMENT—CITY OF BALTIMORE 21108

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1 E 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Kaminski

(a) Residence: No. 720 S. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 26 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Union 208

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Kaminski

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Tillie Sroka

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 22 1938

19. UNDERTAKER Wm. Mary Weber
(Address) 401 S. Wolfe St

20. FILED ..... 19 ..... Registrar

FEB 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Feb 18, 1938

I last saw him alive on Feb 18, 1938 Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis with abscess formation	Jan. 20 1938
Other contributory causes of importance: Subdiaphragmatic abscess	

Was an operation performed? Yes Date of Jan. 20, 1938

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimball M. D.

(Address) Johns Hopkins Hospital

F 44109

44109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 35a

Registered No. 1852

1. PLACE OF DEATH Balt. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Daniels

(a) Residence: No. 20 W. Menaida St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ruth Harris

(Address) 103 W Menaida St

18. BURIAL, CREMATION, OR REMOVAL Place Pt Cutum Date Oct 19 1938

19. UNDERTAKER Sam'l N. Chase Son

(Address) 638 N Gilmor

Oct 20 1938 19 Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) I have and that said deceased came (Inquest, Autopsy or Inquiry) I have to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acquired Urethral Stricture	1 yr
Cystitis	6 yrs
Chronic Nephritis	5 yrs

Other contributory causes of importance: Urinary Retention

Was an operation performed? Yes For what disease or injury? Urethral Stricture Date of Oct 6-1938

Name of operation Cystoscopy Dilation Date of Oct 6-1938

What test confirmed diagnosis? Cystoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

44110 Wilkins F 44110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Baker St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wilkins

(a) Residence: No. 557 Baker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Wilkins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Wood

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Wilkins

(Address) 557 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 2 1938

19. UNDERTAKER Jas. F. Chase Son

(Address) 638 N Gilmor

2 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular and Myocardial degeneration 1 yr

Probable Chronic Nephritis 1 yr

Other contributory causes of importance:

"Grippe"

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 44111

HEALTH DEPARTMENT—CITY OF BALTIMORE

44111

CERTIFICATE OF DEATH

✓ 100

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Vance Gilbert

(a) Residence: No. 3222 Boundary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Gilbert

6. DATE OF BIRTH (month, day, year) Feb 21-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Yd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W Va

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eugene Gilbert

(Address) 3222 Boundary St

18. BURIAL, CREMATION, OR REMOVAL Date Feb 19 1938

Place Mt Calvary

19. UNDERTAKER Sam'l M. Chase & Son

(Address) 638 N. Gilmor St

20. FILED 19 Registrar

0 1936

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the body on the date stated above; that I last saw deceased alive on

(Deceased, Attorney or Inquiry)

and that said deceased came to his death on the day stated above.

(Deceased, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute Pulmonary Embolism	Feb 17 38
Other contributory causes of importance: Acute Phlebitis of Left Leg	Feb 4 38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Eutaw St

OCCUPATIONS is very important. See instructions on back of certificate.

Wekenman

F 44112

44112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3553 Newland Ave 12-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Wekenman (Wakenman)

If U. S. Veteran specify WAR

(a) Residence: No. 3553 Newland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 11-18 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Store Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ed J. Wakenman

(Address) 3553 Newland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 2/21/38

19. UNDERTAKER Thomas J. Roach

(Address) 5305 Harford Road

20. FILED 19

FEB 21 1938 Registrar

Huntington Cheatham, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to Feb 17, 1938

I last saw him alive on Feb 17, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. T. Leonard, M. D.

(Address) 1137 Eutaw

44113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44113

XV 24

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Dept 2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James William Fawbush

(a) Residence: No. Rodgerville Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Rodgerville,
(State or country) Penna.

FATHER

13. NAME John Fawbush

14. BIRTHPLACE (city or town)
(State or country) Penna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT John Fawbush.
(Address) Rogersville Penna.

18. BURIAL, CREMATION, OR REMOVAL Mountain View Date 2-21 1938

19. UNDERTAKER Whitehouse & Sons
(Address) Elkton City Md

20. FILED ... 19 ... Registrar ...

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1938 to Feb 20 1938

I last saw him alive on Feb 20 1938. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable tuberculous meningitis	Feb 7, 38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Nachman Landau M. D.

(Address) University Hospital

44114 F 44114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis F. Redfield

(a) Residence: No. 837 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Jan. 12, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Eliza C. Redfield

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Maggie Sloap

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Roy Redfield
(Address) Norwica N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 2/20 38

19. UNDERTAKER
(Address)

20. FILED FEB 21 1938 19 ... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. Horsley M. D.
Coroner

(Address) 2717 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

F 44115

44115 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

72-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH St. Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-4 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Cawley

(a) Residence: No. 1430 N. Eden St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 10-14-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child poor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Cawley

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Gertrude Sperlow

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Entitled Cawley (Address) 1430 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/22 1938

19. UNDERTAKER Leonard J. Roth (Address) 5305 Harford Rd

FILED FEB 21 1938, 19..... Registrar

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-17-, 1938 to 2-19-, 1938

I last saw him alive on 2-19-, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease (?)	Dec. 1937
Tracheal Obstruction	2-18-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-19-38

For what disease or injury? Tracheal Obstruction

Name of operation Tracheotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp.

44116 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44116

CERTIFICATE OF DEATH 34-3131 (KB)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-2 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Brown,

(a) Residence: No. 544 Oxford Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Irene

6. DATE OF BIRTH (month, day, year) 8/8/1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Jack

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mary Pratt

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT ~~City~~ Hospital Records Joseph Brown

(Address) 546 Oxford St

18. BURIAL, CREMATION, OR REMOVAL Rockhill S. Cem. Feb 23 1938

19. UNDERTAKER Adolphus Halstead

(Address) 917 Druid Hill Ave.

20. FILED 2-21-1938 Washington Columbus, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 2. 1938. to February 19. 1938.

I last saw h.im alive on February 19. 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. de Sautelle M. D.

(Address) Baltimore City Hospitals

F 44117

F 44117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 9-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Kennedy Ave. St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Nolker

(a) Residence: No. 2800 Kennedy Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nolker

6. DATE OF BIRTH (month, day, year) May 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Howard County, Md.

FATHER

13. NAME Henry Nolker

14. BIRTHPLACE (city or town) (State or country) Hanover, Germany

MOTHER

15. MAIDEN NAME Angela Pilster

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Nolker,
(Address) 2800 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 22 1938

19. UNDERTAKER Frederick Loraine Sons
(Address) 7401 Belair Road

FEB 21 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937 to Feb. 19, 1938.

I last saw him alive on Feb 19, 1938. Death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	Oct 1937
Other contributory causes of importance:	
Coronary Thrombosis	Feb 19 1938

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas W. Edmunds, M. D.
(Address) 8746 Alameda

F 44118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44118

CERTIFICATE OF DEATH

87 / 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Yrs. Mos. Ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Trautwein

(a) Residence: No. 1429 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. Trautwein

6. DATE OF BIRTH (month, day, year) April 17th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. Charles Trautwein

(Address) 1429 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 22 1938

19. UNDERTAKER Frederick Leggett & Son

(Address) 7401 Belair Road

20. FILED 19 Registrar

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938 to Feb. 20, 1938

I last saw her alive on Feb. 20, 1938 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Feb. 11

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp.

F 44119

HEALTH DEPARTMENT—CITY OF BALTIMORE

44119

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: St. Joseph's Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Leroy John Fremper

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

White Marsh, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Feb. 9, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Henry L. Fremper

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Irene Winkler

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT: Mr. Henry L. Fremper
(Address) White Marsh Md.

18. BURIAL, CREMATION, OR REMOVAL: St. Joseph's Cemetery Feb. 21 38

19. UNDERTAKER: Frederick Lauenhardt
(Address) 7401 Belair Road

20. FILED ..... 19..... [illegible] Registrar.

Henry Lee Williams, Jr.

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-17-, 1938 to 2-19-, 1938

I last saw him alive on 2-19-, 1938 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of New born	2-13-38

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp.

F 44120

44120 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 E. 25th 12-3 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Octavia Amelia Nelson

If U.S. Veteran, specify WAR ... Record

(a) Residence: No. 227 E. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: J. Thos Nelson

6. DATE OF BIRTH (month, day, year): Oct 22-1854

7. AGE: Years 83 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Hartford Co Md

FATHER

13. NAME: Joshua G Lucky

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Little

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Fanny Nelson 227 E. 25th

18. BURIAL, CREMATION, OR REMOVAL. Place: Bethel Cem. Hartford Co Date: 2-21-38

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED 2-21-38 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 18, 1938

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938 to Feb 18, 1938

I last saw h[illegible] alive on Feb 14, 1938. Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb

Other contributory causes of importance: Senility

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Found Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Hilleary M. D.

(Address) 405 Edmondson Ave

44121 HEALTH DEPARTMENT—CITY OF BALTIMORE 44121

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4526 O'Donnell St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret C. Becker

(a) Residence: No. 4526 O'Donnell St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Becker

6. DATE OF BIRTH (month, day, year) May 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Biemiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George H. Becker

(Address) 4526 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 21 38

19. UNDERTAKER George W. Zirkler,

(Address) 1737 E. Eager St.

20. FILED

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16th, 1937, to Feb 18, 1938

I last saw her alive on Feb 18th, 1938 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

Senility

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Tod, M. D.

(Address) 4616 Eastern ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

44122 XVF 44122

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp 93a Registered No.

CITY OF BALTIMORE: (No. St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 1 dy How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME mrs Ida, neudert If U. S. Veteran specify WAR

(a) Residence: No. Tiekneck Rd Jacobsville A A Co Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T Neidert

6. DATE OF BIRTH (month, day, year) April 5 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Earleigh Heights A A Co Md

FATHER

13. NAME Frank Moore

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Harriett A Oakley

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT (Address) Dr John T Neidert Jacobsville A A Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Magothy Cemetery Date Feb 23 1938

19. UNDERTAKER (Address) J Kelly and M Marech 715 Light St

RECEIVED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Feb 20 1938

I last saw h alive on Feb 20 1938 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1937
Other contributory causes of importance: Bronchopneumonia	1 wk 7d

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W L Mayo Jr M. D.

(Address) Md Gen Hosp

FEB 21 1938

44123 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44123

CERTIFICATE OF DEATH

59

Registered No. 15-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Clifton Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Idabelle Doron, ...

(a) Residence: No. 2839 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) August 7.1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Feb.12,1938

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Montgomery (State or country) Alabama

FATHER

13. NAME Wm.S.Doron,

14. BIRTHPLACE (city or town) New Jersey (State or country)

MOTHER

15. MAIDEN NAME Belle May Murphy,

16. BIRTHPLACE (city or town) Baltimore City (State or country)

17. INFORMANT Harry E.Doron,
(Address) 2839 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date FEB 22 1938

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 FEB 21 1938 Registrar.

Washington Philadelphia, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1. 1938 to Oct. 19. 1938

I last saw her alive on Oct 19. 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	several years
Other contributory cause of importance: Exhaustion.	few days.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, how? .....

(Signed) Robert C. Bibby M. D.

(Address) Med. Arts Bldg.

F 44124

44124 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 187

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2914 Dillon St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth E. Michel

(a) Residence: No. 2914 Dillon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Michel

6. DATE OF BIRTH (month, day, year) Aug. 15-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb. 8 1938

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Einick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bistroy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Michel Husband

(Address) 2914 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb. 22- 1938

19. UNDERTAKER John A. Hogan

(Address) 300 E. Balto. St.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 15-1938
Other contributory causes of importance: Diabetic Obesity	11 months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

V 59

21 1939

V 56

44125 Rosa L. Daly F 44125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Home for Incurables (137)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daly, Rosa Ludlow

(a) Residence: No. Home for Incurables St., W. 40th Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nolan Daly

6. DATE OF BIRTH (month, day, year) Aug 4 - 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Agustus Ludlow

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Agusta Crook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Home for Incurables
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb 21/38

19. UNDERTAKER Stewart & Mowen Co
(Address) 118 W. North Ave.

20. FILED FEB 21 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Feb 19, 1938.

I last saw h[illegible] alive on Feb 19, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~	
Arteriosclerosis, Cerebral	?
Other contributory causes of importance: Bronchopneumonia	2/17/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Conrad Acton M. D.

(Address) Home for Incurables

F 41126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 Oakdale Rd (St.) 27-14 (Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 6 da. How long in U. S. If of foreign birth 75 yrs. 0 mos. 6 da.

2. FULL NAME Blanche Griffiss

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 309 Oakdale Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about Feb 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	75	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas J Griffiss

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sophia Emma ??

16. BIRTHPLACE (city or town) (State or country) Probably Germany

17. INFORMANT Alfred H. Jawobsen (Son-in-law)
(Address) 309 Oakdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feb 21 38

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Monument

20. FILED ..... 19..... Registrar

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15 , 1937 to 2-20 , 1938

I last saw h[illegible] alive on 2-12 , 1938 Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	?
CHR. PERIPHERAL ARTERIOSCLEROTIC VASCULAR DISEASE	1937 (?)

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Donsay M. D.

(Address) 1129 St Paul St

44127 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44127

CERTIFICATE OF DEATH 28959 VB 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William C. Todd

(a) Residence: No. 915 Light St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 5/25/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME Pollard

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Columbia Dorres

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Ceme Date Feb 21 1938

19. UNDERTAKER Durward Q. Covington (Address) 21 W. 25th St.

20. FILED Feb 21 1938 Residence Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1937 to 2-16, 1938

I last saw h/ was alive on 2-16, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Chronic
Heart Failure	Acute
Bronchopneumonia	Acute

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.C. If so, specify .....

(Signed) E. H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

44128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44128

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 322 E. 22 St. 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Virginia Brownley Davis
If U. S. Veteran specify WAR

(a) Residence: No. 322 E. 22nd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Davis

6. DATE OF BIRTH (month, day, year) Dec. 25, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas J. Brownley

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Virginia Ann Griffith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Audrey W. Davis

(Address) 322 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Feb 21 1938

Place

19. UNDERTAKER Wm H. Wirtz & Sons

(Address) North & Paca Sts.

20. FILED FEB 21 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to Feb 18 1938

I last saw h alive on Feb 18 1938 5.20 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Uremia	4 days
Myocardial Sclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. B. Gamble Jr M. D.

(Address) 3400 Maryland Ave

F 44129

M. D. P. 1268-9

F 44129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Full

(a) Residence: No. 2729 Hamden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith J. Full.

6. DATE OF BIRTH (month, day, year) Oct 1, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John W. Full

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Hillette

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edith J. Full

(Address) 2729 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date Feb 22, 1938

Bodey Chapel Cem

19. UNDERTAKER Thomas A. Fox

(Address) 3615 Christian

20. FILED 19

Feb 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/38

22. I HEREBY CERTIFY, That I attended deceased from 2/13/38, 1938, to 2/19/38, 1938

I last saw him alive on 2/19/38, 1938 Death is said to have occurred on the date stated above, at 1 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Perforated appendicitis with peritonitis & postoperative collapse	

Other contributory causes of importance:

Generalized arteriosclerosis & senility

Name of operation appendectomy Date of 2/14/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Dalton M. D.

(Address) 7 Franklin Sq. Hosp.

44130 E 44130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH Maryland General Hosp. St., 15 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert J. Gill

(a) Residence: No. 1901 Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Gill

6. DATE OF BIRTH (month, day, year) Aug. 26. 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hickman Gill

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md

MOTHER

15. MAIDEN NAME Ella Cross

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Della Gill

(Address) 1901 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem Date 2/23/38

19. UNDERTAKER J. B. Hippel's Sons

(Address) 3301 Eastern Ave

20. FILED ..... 19.....

FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938, to Feb. 20, 1938

I last saw h[illegible] alive on Feb. 20, 1938 Death is said to have occurred on the date stated above, at 12 40 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Empyema

Date of onset: 3 wks 7 days

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Mansfield, M. D.

(Address) Md Gen. Hosp.

44131 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44131

CERTIFICATE OF DEATH

66-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4610 Asbury ave. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lloyd Hutchins Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. 4610 Asbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Ford

6. DATE OF BIRTH (month, day, year) March 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Ship Co

10. Date deceased last worked at this occupation (month and year) Dec 29 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairmount Md

FATHER

13. NAME Alonzo Ford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Delemia Hales

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mildred Ford
(Address) 4610 Asbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Feb 22 38

19. UNDERTAKER John W Lumbo
(Address) 2005 Calvert St

20. FILED ..... 19..... Registrar

FEB 21 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/1938

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to Feb 19th 1938

I last saw him alive on February 16th 1938 Death is said to have occurred on the date stated above, at 2 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxedema	1931
Other contributory causes of importance: Chronic myocarditis	1931

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Victor Edelberg M. D.

(Address) 1527 N Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44132

CERTIFICATE OF DEATH

131 F 44132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Dundalk Ave 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Neff

If U. S. Veteran specify WAR .....

(a) Residence: No. 1807 Dundalk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ammon C Neff

6. DATE OF BIRTH (month, day, year) April 3 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Levi Neff

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah Ann

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ammon C Neff
(Address) 1807 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem Lib 23 38

19. UNDERTAKER John Ulmer
(Address) 2008 Orleans St

FEB 21 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 19 37 to Feb 20 19 38

I last saw h[illegible] alive on Feb 10 1938 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	1934
Other contributory causes of importance: Cardiac Hypertension	1934
Lobular Bronchopneumonia	2/10/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. H. Davis M. D.

(Address) 3 Kinsley Court Dundalk, Md

F 44133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44133

30100 JS

CERTIFICATE OF DEATH

6-2 ✓ 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Allen

(a) Residence: No. 415 N. Belnord Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-12-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles E. Allen

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Agnes Dotterweich

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 23 38

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. [redacted] 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1938, to 2-20, 1938

I last saw h[illegible] alive on 2-19, 1938 Death is said to have occurred on the date stated above, at 3:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene of foot bilateral Pneumonia	2-18

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-20-38

For what disease or injury? Gangrene foot

Name of operation Bilat High amputation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. A. Woodward Jr. M. D.

(Address) Balto. City Hospt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44134 CERTIFICATE OF DEATH ✓ 28940 (LB) 13 F 44134

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Magdalene Antesreiter,

(a) Residence: No. 611 N. Chapel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin

6. DATE OF BIRTH (month, day, year) 11/24/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Gaupat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 22 1938

19. UNDERTAKER Geo M. Frind Son

(Address) 811 N Wolfe St

FEB 21 1938 Washington Millard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1938

22. I HEREBY CERTIFY, That I attended deceased from December 9 1937 to February 18 1938

I last saw her alive on February 18 1938 Death is said to have occurred on the date stated above, at 9.32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeLaunette M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44135

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Darrell Thomas

(a) Residence: No. 1309 S. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Thomas

6. DATE OF BIRTH (month, day, year) 11-25-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 2/22 38

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins

FILED FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1938, to Feb 19 1938

I last saw h[illegible] alive on Feb 19 1938. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type II	2-11-38
Acute Pneumococcus endocarditis	
Embolism to Heart and Left cerebral cortex	

Other contributory causes of importance:

Rheumatic Heart Disease

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Caroline Jackson, M. D.

(Address) Johns Hopkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44136

44136

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Wheeler Ave) (St.) 27-4 (Ward)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E. Peter

(a) Residence: No. 3203 Wheeler Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Peter

6. DATE OF BIRTH (month, day, year) Oct. 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick F. Bahle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Peter (Address) 3203 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 2/22 1938

19. UNDERTAKER J. F. & C. Cully (Address) 120 E. Fort Ave.

20. Filed FEB 21 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1938 to Feb 19, 1938.

I last saw her alive on Feb 19, 1938. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

M. D. (Signed) Sidney H. Streett

(Address) 421 E. Fort Ave.

VS 3

F 44137

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44137

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305 (St.) Brighton St (Ward) .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lenora E. Donnally

(a) Residence: No. 305 Brighton St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Elizabeth Donnally

6. DATE OF BIRTH (month, day, year) Dec. 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 813

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robt E. Donnally

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah F. Wrigley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida H. Warfield

(Address) 3005 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/22/ 1938

19. UNDERTAKER J. H. Pfeltz & Son

(Address) 30 E. Fayette

20. FILED ..... 19 ..... W. Hanson Hall

FEB 21 1938 Henry Wm. Beck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10 — 1938 to July 30th 1938

I last saw h... alive on 2/20/38 19 . Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1937
Other contributory causes of importance: Asthenia and Myocarditis	2051

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Krughoff M. D.

(Address) 3408 Charles St

F 44138

44138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 t. Biddle St. 8-7 (Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME (Anna) Ariola Gentry t. resided

(a) Residence: No. 1818 t. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George Gentry

6. DATE OF BIRTH (month, day, year) May 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton U.S.

FATHER

13. NAME Henry Thaxton

14. BIRTHPLACE (city or town) (State or country) Easton U.S.

MOTHER

15. MAIDEN NAME Julia Williams

16. BIRTHPLACE (city or town) (State or country) Easton U.S.

17. INFORMANT James Gentry
(Address) 1818 t. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Feb 21 1938

19. UNDERTAKER Robert E. Dillon
(Address) 1515 McElderry St

20. FILED Feb 21 1938 Huntington Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1938 to 2-15 1938

I last saw h alive on 2-14 1938. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	2-12-38

Other contributory causes of importance:

Acute Dilatation of Heart	2-14-38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dom. L. Leary M. D.

(Address) 1420 E. Chase

F 44139

44139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Lemmon St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Holmes

(a) Residence: No. 1329 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 Years	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mary Brunson

(Address) 1329 Lemmon

18. BURIAL, CREMATION, OR REMOVAL

Place Waymon Ct Date 2/23/38

19. UNDERTAKER Harold Brown & Son

(Address) 102 W. Montgomery St

Feb 23 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1938 to Feb 20 1938

I last saw him alive on Feb 19 1938 Death is said to have occurred on the date stated above, at 3.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	Feb 1938
Other contributory causes of importance: Pleuro Cardio-renal disease	over Jan 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

[illegible] If so, specify

(Signed) [illegible] M. D.

(Address) 615 S. Paca St.

E 44140

44140 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 34 B 54 30568 JS

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lily May Simmons
If U. S. Veteran specify WAR

(a) Residence: No. 513 Colvin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 1-13-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Thomas M. Jones

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT B. C. H. Records
(Address) George Simmons 513 Colvin

18. BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem. Date Feb 24 38

19. UNDERTAKER Adolphus Halstead
(Address) 1180 Whittier
Huntington Williams, Inc

20. FILED Registrar.
8 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1938, to 2-20, 1938

I last saw her alive on 2-20, 1938. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyomata uteri	duration
Partial Intestinal Obstruction	2/15/38
Post partum Hemorrhage	2/15/38

Other contributory causes of importance: ovar

Was an operation performed? Yes Date of 2/15/38

For what disease or injury? Fibromyomata uteri

Name of operation Hysterectomy & Bilateral salpingectomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) Balto City Hosp.

F 44141

HEALTH DEPARTMENT—CITY OF BALTIMORE

4141

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH 1618 Druid Hill Ave

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Viola ~~Her~~ Faulkner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W A	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenzo Faulkner

6. DATE OF BIRTH (month, day, year) April 22, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Person Co. N.C.

FATHER

13. NAME Starlin Harris

14. BIRTHPLACE (city or town) (State or country) Person Co N.C.

MOTHER

15. MAIDEN NAME Lucy Tallins

16. BIRTHPLACE (city or town) (State or country) Person Co N.C.

17. INFORMANT Mrs Gladys Post

(Address) 1618 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 22 1935

19. UNDERTAKER Mrs. George F. Holland

(Address) 1618 Druid Hill Ave

20. FILED Feb 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1934 to Feb 19, 1935

I last saw her alive on Feb 18, 1935 Death is said to have occurred on the date stated above, at 12:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	1926

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. N. Ritter M. D.

(Address) 1422 E Chase St

44142 E 44142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. Lanvale St. 12 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME David J. Crotty

If U.S Veteran specify WAR ---

(a) Residence: No. 326 E. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) -------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Water Dept.

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Crotty

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Margaret Walsh

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Margaret L. Crotty

(Address) 326 E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/22 38

19. UNDERTAKER Henry H. Meares and Son

(Address) 505 N. Calvert St.

20. FILED FEB 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1937 to Feb 18 1938

I last saw him alive on Feb 17 1938 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Generalized Chr Nephritis	? 1928 ?
Other contributory causes of importance: Pulmonary Oedema	2/16/38

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If

(Signed) Francis J. Burke M. D.

(Address) 110 E. North Ave

F 44143

44143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. XV 75

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Jail Madison & Bureau Sts. St., 10-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian M. Huff If U. S. Veteran specify WAR

(a) Residence: No. Colora, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Floyd - Va.

FATHER

13. NAME Moses Huff

14. BIRTHPLACE (city or town) (State or country) Floyd Co. Va.

MOTHER

15. MAIDEN NAME Addie Huff

16. BIRTHPLACE (city or town) (State or country) Floyd Co. Va.

17. INFORMANT Mr Roy Bolen
(Address) Colora, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakridge Va Date Feb 21, 1938
Via RAILWAY EXPRESS

19. UNDERTAKER J. F. Ingram
(Address) Phoenix Md

20. FILED FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Stomach	2-18-38
Other contributory causes of importance: Acute Alcoholism	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irvine L. McCe Coroner, M. D.

(Address) 133 E. Monument St.

FEB 21 1938

F 41144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Tillery — If U. S. Veteran specify WAR .....

(a) Residence: No. 1304 E Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank

6. DATE OF BIRTH (month, day, year): June-19-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: Wally Hunter

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Lucille Burnett

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 2/20 38

19. UNDERTAKER: Raynor Sanders
(Address) 1403 E Preston St

20. FILED ... Registrar.

2-21-1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb - 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to Feb 19, 1938

I last saw her alive on Feb ~~19~~ 19, 1938 Death is said to have occurred on the date stated above, at 445 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
congestive heart failure	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas A Preen, M. D.

(Address) Johns Hopkins Hospital

44145 HEALTH DEPARTMENT—CITY OF BALTIMORE 44145

CERTIFICATE OF DEATH

V 108

30963--CCK

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Thomas Powell

(a) Residence: No. 1145 Whatcoat St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Mack

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2-23- 38

19. UNDERTAKER Wm. H. A. Elliott & Son

(Address) 112 N. Caroline St.

20. FILED ....., 19.... Registrar .....

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 18. 1938 to February 19. 1938

I last saw him alive on February 19. 1938. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-5-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. C. de Lautelle M. D.

(Address) Baltimore City Hospitals

14

E 44146

HEALTH DEPARTMENT—CITY OF BALTIMORE

3146

CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St., 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Balay Bay Scudder

(a) Residence: No. [illegible] 4100 Hamilton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-16-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 days.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Nathan Brat Scudder

14. BIRTHPLACE (city or town) (State or country) Whyting Canada

MOTHER

15. MAIDEN NAME Margaret Allen Wilson

16. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

17. INFORMANT Nathan Brat Scudder

(Address) 4100 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Scientific Purposes

Place U. M. H. Date 2/18 1938

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to 2-18, 1938

I last saw him alive on 2-18, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Ductus Arteriosus	Birth
Pulmonary Atelectasis.	

Other contributory causes of importance:

Chronic Passive Congestion (Pulmonary Atelectasis)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state .....

(Signed) C. Brantley Blanton, M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44147

CERTIFICATE OF DEATH

186-4F 44147

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Richardson St. St., 24-1 Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME John Sacks

(a) Residence: No. 1309 Richardson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Sacks

6. DATE OF BIRTH (month, day, year) April 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Sacks
(Address) 1309 Richardson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakhawn Cem. Date Feb. 22, 38

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

Registrar.

20. FILED FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Fracture of	
2&3 Cervical Vertrebras	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Feb. 19, 1938. 19

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps in Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Cornelius M. D.

(Address) 875 N. Eutaw St.

44148 E 44148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN HOPKINS

(a) Residence: No. OWINGS MILLS, MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Butler

6. DATE OF BIRTH (month, day, year) unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME Cornelius Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. John Hopkins

(Address) Pleasant Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Owings Mills Md Date Feb. 21. 1938

19. UNDERTAKER John Berry mort. Sons

(Address) Reisterstown, Md.

20. FILED [illegible] Registrar

MAR 1 1938

15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/17/, 1938, to 2/21, 1938

I last saw him alive on 2/21/, 1938. Death is said to have occurred on the date stated above, at 9:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TUBERCULOSIS - LARYNX	1937
BRONCHO-PNEUMONIA	2/18/38

Other contributory causes of importance:

ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bunch M. D.

(Address) UNIVERSITY HOSPITAL

339376 E 4149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4149 ✓ 12-B

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... S. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lenora Hacker

(a) Residence: No. 1533 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar

6. DATE OF BIRTH (month, day, year) Feb. 21-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Charles Barton

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Elizabeth McDonald

16. BIRTHPLACE (city or town) (State or country) Vt.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Mausoleum Feb 22 1938

19. UNDERTAKER Harry H. Weitzke
(Address) 4101 Edmondson Ave

20. FILED ..... 19.....
Registrar.

1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937, to Feb 20, 1938

I last saw her alive on Feb 20, 1938 Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver ascites	2 m
Uremia	

Other contributory causes of importance:

quit eating 2 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas H. Brown, M. D.

(Address) Johns Hopkins Hospital

4150 F 44150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 3027 JB 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 44 yrs. mos. ds.

2. FULL NAME Antonina Roeder or Antonina Rolder

If U. S. Veteran specify WAR

(a) Residence: No. 1106 S. Kenwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Roeder

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date Feb. 23 1938

19. UNDERTAKER Stephen J. Fialkowski Inc.

(Address) 1000 S. Kenwood Ave.

20. FILED ..... 19.. By .....

Huntington Williams

8 17

1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1938, to February 20, 1938

I last saw h.. alive on February 20, 1938 Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lanteile M. D.

(Address) Baltimore City Hospitals

3H 16 29

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44151

3H 44151

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Sparks

If U. S. Veteran specify WAR

(a) Residence: No. Freeland Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/5/68

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm - Sparks

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Suzanna Harper

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Freeland, Md Date Feb 21, 38

19. UNDERTAKER R N Trabert
(Address) Freeland Md

20. FILED 19 ... Harrington, Del

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938 to Feb 21, 1938

I last saw him alive on Feb 21, 1938 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-18-38

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Paul A Kimball M. D.

(Address) The Johns Hopkins Hospital

F 44152

44152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2142 Walbrook Ave. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida E. Long.

(a) Residence: No. 2142 Walbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Willis E. Long.

6. DATE OF BIRTH (month, day, year) July 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John Lowman

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sidney ?

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Emily O. Fitter
(Address) 1809 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Cemy Date Feb 23, 38

19. UNDERTAKER C. M. Walter
(Address) Penfield Md.

1938 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Feb 20, 1938

I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-sclerosis hypertension	indefinite
Other contributory causes of importance: Cardiac failure	1 day.

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. J. Kyle M. D.

(Address) 2321 Eutaw Ave

1 1938

16

F 44153

44153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V X 181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacqueline R. Higgs

(a) Residence: No. 6 Greystone Rd. Arbutus, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 14 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ashby W. Higgs

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME May Edith Tarr

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Ashby W. Higgs

(Address) 6 Greystone Rd. Arbutus, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Mem Date Feb. 22 1938

19. UNDERTAKER [illegible] Baltimore, Md.

(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second and third degree burns Chest abdomen and Neck.	Feb 17
Acute Nephritis	Feb 19

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb17 1938

Where did injury occur? Arbutus Balto. Co. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Flame from Gas water heater Ignited clothing

Nature of injury 2nd and 3rd Body burns.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin Hanna, M. D. Coroner

(Address) 1822 W. Baltimore St.

21 1938

V S 6

44154 F 44154

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Benson Ave. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth T. Farrell

(a) Residence: No. 3401 Benson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Jan. 31, 1938

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Farrell

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mr. James J. Farrell
(Address) 3401 Benson Ave.

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Cem. Date Feb. 22 1938

19. UNDERTAKER C. H. Donovan & Son
(Address) 1005 W. Baltimore St.

20. FILED Feb 21 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Feb. 18, 1938

I last saw h[illegible] alive on Feb. 18, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza with Bronchitis.	3 Wks.

Other contributory causes of importance:

acute Coronary Embolism. (Suddenly)	1/2 hr.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) John T. Donovan M. D.

(Address) 804 Cathedral St.

44155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44155

CERTIFICATE OF DEATH

51-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 W. Lurley St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Gramuth

If U. S. Veteran specify WAR

(a) Residence: No. 1238 W. Lurley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Gramuth

6. DATE OF BIRTH (month, day, year) Aug. 2-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Gen.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Gramuth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Hartlove

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary L. Gramuth
(Address) 1238 W. Lurley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Gen. Date Feb 22-38

19. UNDERTAKER John L. Millar
(Address) 2334 Jefferson St.

20. FILED Huntington Williams, Registrar.

F 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 18 1938 to February 19 1938

I last saw h... alive on February 18 1938 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Feb 18
Other contributory causes of importance:	
Lympho-Sarcoma	over

Was an operation performed? yes Date of Feb 1-1938

For what disease or injury? Hygroma

Name of operation Battle - Operation for Hygroma

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John G. Ormes M. D.

(Address) 26 E Preston St

M. D. B. 1268-9

✓ F 44156

44156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Highland Av 26-11 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Elizabeth~~ Bernardine Greif

(a) Residence: No. 426 S Highland Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. Greif

6. DATE OF BIRTH (month, day, year) Oct 24-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Albert Rettner

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Elizabeth Faudner

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs Estra Mc

(Address) 426 S Highland Av

18. BURIAL, CREMATION, REMOVAL

Place Greenlawn

19. UNDERTAKER Geo. [illegible]

(Address) 402 [illegible]

20. FILED FEB 21 1938 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 18 38

22. I HEREBY CERTIFY, That I attended deceased from 2/10/38, 19 to 2/18/38, 19

I last saw h alive on 2/16/38, 19 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis, Hypostatic pneumonia	

Other contributory causes of importance:

Acute Cardiac dilatation.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) H. C. Powell M. D.

(Address) 1632 S. Conkling

44157 ✓ F 44157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-2 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Fernpark Ave St. 28 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy A. Earle

(a) Residence: No. 5503 Fernpark Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Tarrytown New York

FATHER

13. NAME George W. Earle

14. BIRTHPLACE (city or town) (State or country) Morris Plains N.J.

MOTHER

15. MAIDEN NAME Martha Benjamin

16. BIRTHPLACE (city or town) (State or country) Morris Plains N.J.

17. INFORMANT Harriet E. Chuard
(Address) 5503 Fernpark Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb 23 1938

19. UNDERTAKER Harry T. Amacost
(Address) 2264 Ridgewood Ave

20. FILED FEB 1 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 34 to Feb. 21st 1938

I last saw h[illegible] alive on Feb. 20th 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Arterio - sclerotic Heart disease	-5 yrs.?
c Mitral insufficiency	
Other contributory causes of importance:	
(1) - Chronic Infectious Arthritis	10 yrs.?

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Earl L. Blumenthal M. D.

(Address) 4108 Liberty Hts. Ave.

44158 HEALTH DEPARTMENT—CITY OF BALTIMORE 44158

124-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Ward) St. Joseph's Hospital

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Gardiner (Maiden name (Turner)

If U. S. Veteran specify WAR

(a) Residence: No. 1729 N. Broadway, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ruby B. Gardiner

6. DATE OF BIRTH (month, day, year) Sept. 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Charles County Maryland

MOTHER FATHER

13. NAME Francis Adelbert Gardiner

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland

15. MAIDEN NAME Priscilla Turner

16. BIRTHPLACE (city or town) (State or country) Charles County Maryland

17. INFORMANT Mildred Elizabeth Gardiner
(Address) 1729 North Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral C Date 2-23-38

19. UNDERTAKER Morton Funeral Home
(Address) 1827 West North Ave.

20. FILED 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1938 to 2-20-, 1938

I last saw him alive on 2-20-, 1938 Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis of Liver	?
	over
Other contributory causes of importance: Benign Prostatic Hypertrophy	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George W. Brouillet, M. D.

(Address) St. Joseph's Hospital

✓ F 44159

44159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 McClelland St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME

(a) Residence: No 209 McClelland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 30 1871

7. AGE: Years 66 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Feb 1938

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: (Address) 209 McClelland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 22nd 1938

19. UNDERTAKER: Wm Cook (Address) 217 St Paul St

20. FILED FEB 22 1938 19 J. Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 . 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 7:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Kraus Coroner . M. D.

(Address)

44160 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 44160

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 14 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elsie Adams

If U. S. Veteran specify WAR ..... Race

(a) Residence: No. Brooklyn, Md. R.F.D #9 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Adams

6. DATE OF BIRTH (month, day, year) Aug 22nd 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mayo Co Md

FATHER

13. NAME James Lewis

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

MOTHER

15. MAIDEN NAME Kate Stone

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Frank Adams

(Address) R.F.D. #9 Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Feb 24th 1938

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

20. FILED ~~FEB 25 1938~~ 19 ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14-38, 19 , to 2-21-38, 19

I last saw her alive on 2-21-38, 19 . Death is said to have occurred on the date stated above, at 8 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Tumor of urinary bladder	about 1 year
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-20-38

For what disease or injury? Urinary bladder rupture

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hospital

44161 F 44161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Talbott

(a) Residence: No. 859 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Talbott

6. DATE OF BIRTH (month, day, year) March 15, 1877 His

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman W.P.A.

10. Date deceased last worked at this occupation (month and year) 2/38

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Talbott
(Address) 774 Wash. Bulv.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 22nd 1938

19. UNDERTAKER
(Address) [illegible]

FEB 22 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquist and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, Accident Feb. 18, 1938
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 39th & University Av. (Street,
Manner Struck by Auto. Walking in street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [signature] M. D.
Coroner
(Address) 2757 N. Howard

V S 6

44162 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44162

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E. Montgomery St. St. 22-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Howard Spicer Nicholson

(a) Residence: No. 212 E. Montgomery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jas. E. Nicholson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Florance Delcher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elmer E. Nicholson
(Address) 111 S. Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 23 1938

19. UNDERTAKER Wm Cook
(Address) 121 E. Pratt St

20. FILED 19 Registrar

Feb 22 1938 Hunting to Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. O. Neilson Coroner M. D.

(Address) 22 S. Eutaw St.

44163 ✓ F 44163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Primrose Ave. St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herbert Eugine France

If U. S. Veteran specify WAR 2

(a) Residence: No. 4006 Primrose Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of F.Rose France

6. DATE OF BIRTH (month, day, year) Aug. 9, 1899 mis

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10 6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. France

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Howe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT F.Rose France

(Address) 4006 Primrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 23rd 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

FILED FEB 22 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound R.Side of Head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date Feb. 20, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot Self with Pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H.B. Cruden Coroner M. D.

(Address) 227 N. Howard St.

VS 6

F 44164

F 44164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Ellicott St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sigmund Kellner

(a) Residence: No. 2906 Ellicott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Kellner

6. DATE OF BIRTH (month, day, year) March 26, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Kellner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna Kellner

(Address) 2906 Ellicott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 24 1938

19. UNDERTAKER H. M. Cook

(Address) 1217 St. Paul St.

20. FILED ... 19 ... Registrar

B 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the date ... subscribed

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, | Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carey Grauer, M. D. Coroner

(Address) 1310 Hanover

44165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44165

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 23 W. 27th St St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry S Roper

If U. S. Veteran specify WAR No Record

(a) Residence: No. 23 W. 27th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mammie Roper

6. DATE OF BIRTH (month, day, year) July 25 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Post

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Roper

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Emma Edwards

16. BIRTHPLACE (city or town) (State or country) Petersburg Va

17. INFORMANT Ella Roper

(Address) 23 W. 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 24 1938

19. UNDERTAKER Williams Lewis

(Address) 1217 St Paul St

20. FILED Feb 24 1938 19 Registrar. Harry S. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1937 to Feby 21 1938

I last saw him alive on Feb 20 1938. Death is said to have occurred on the date stated above, at 3.3 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Arthritis — Date of onset about a year

Other contributory causes of importance: Senile, suffering about a week

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hal Pelletreau M. D.

(Address) 817 Hamilton Ave

44166

HEALTH DEPARTMENT—CITY OF BALTIMORE

44166

CERTIFICATE OF DEATH

73 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph M. Henry, Jr.

(a) Residence No. 2107 Loraley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poly Tech Inst

10. Date deceased last worked at this occupation (month and year) 2/14/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph M. Henry Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph M. Henry

(Address) 2107 Loraley St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 24th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar

Feb 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Ruptured Spleen	
Other contributory causes of importance: Auto accident	

Was an operation performed? Yes Date of Feb 21, 38

For what disease or injury? Ruptured Spleen

Name of operation ? Date of 2-21-38

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 1938.

Where did injury occur? ? no history (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Unknown

Nature of injury Ruptured Spleen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Parran M. D. Coroner

(Address) 1 E Mt Vernon Pl

44167

HEALTH DEPARTMENT—CITY OF BALTIMORE 44167

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Greenmount Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora B. Holland

If U. S. Veteran specify WAR Record

(a) Residence: No. 2611 Greenmount Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dead

6. DATE OF BIRTH (month, day, year) July 3 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Sheriff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lidy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ed. Fowble

(Address) 2611 Greenmount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/23 1938

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

20. FILED 2 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to Feb 20, 1938

I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 1.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	Feb 38
Other contributory causes of importance: Myocarditis	6 mos ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. White M. D.

(Address) 532 E. 22nd St

11681704 3H

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44168

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia MacNeal

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3519 Oakmont ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-28-71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Baston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Henderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 23rd 1938

19. UNDERTAKER Mrs Cook
(Address) 1117 St. Paul St

20. FILED ..... 19 ..... Registrar

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938 to Feb 20, 1938.

I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb 15, 1938

Other contributory causes of importance:

None

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick T. Mencken M. D.

(Address) Johns Hopkins Hospital

44169 F 44169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Washington Jackson

If U. S. Veteran specify WAR. World War

(a) Residence: No. 2215 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Jackson

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Lucy Jackson

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Marie Jackson

(Address) 1932 Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place New National Cemetery Date 2/23 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Prestman St

FEB 22 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident. Date of injury Feb. 20, 1938 19

Accident, suicide, or homicide?

Where did injury occur? 1 Mile S. of Kingsville. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Struck by Auto. While Walking in Road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. Kelson Coroner M. D.

(Address) 1303 Preston

V S 6

44170 ✓ F 44170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Presstman st., 15-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Boswell Augors.

(a) Residence: No. 1424 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Augors.

6. DATE OF BIRTH (month, day, year) June 11. 1868.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Eliza Coopers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Roby Boswell
(Address) 1424 Presstman st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/23 1938

19. UNDERTAKER Thomas E Kelson
(Address) 1302 Pennsylvania Ave, N.W.

Filed FEB 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from Febry 6. 1938 to Febry 18. 1938

I last saw her alive on Febry 17. 1938 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 5 Yr — Date of onset 11/3/37
Chronic Bronchitis — 20.37

Other contributory causes of importance:

Age

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. N. Wright M. D.

(Address) 1209 Presstman St

44171 ✓ F 44171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3739 Roland Ave St., 13-7 Ward)

Length of residence in city or town where death occurred 2/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Ferguson
If U. S. Veteran specify WAR .....

(a) Residence: No. 3739 Roland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Franklin P. Ferguson

6. DATE OF BIRTH (month, day, year) Feb 14 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	—	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wheeling W Va

FATHER
13. NAME Jersey Bennett
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William Ferguson
(Address) 3739 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Date Dec 23 38
Lavage
Franklin & Sons

19. UNDERTAKER
(Address) 814 W Baltimore St

20. FILED Dec 23 1938 Huntington & Williams Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1938, to Feb 20th, 1938
I last saw her alive on Feb 19th, 1938. Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 11th
	Feb 10th

Other contributory causes of importance

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. W. Fuller M. D.
(Address) 900 N 37th St.

44172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 E Federal St., 9-9 Ward)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Addiline Elizabeth Seiffe

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1405 E Federal St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Thomas Franklin Seiffe

6. DATE OF BIRTH (month, day, year): Sept 13, 1858

7. AGE: Years 79; Months 5; Days 8; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): York Pa.

FATHER

13. NAME: Richard Simmons

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Catherine

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John A Seiffe 1701 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Feb 23 1938

19. UNDERTAKER: Wm Cook (Address) 1217 St. Paul St

20. Filed ... 19 ... Registrar. Valhalla, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21, 1938

22. I HEREBY CERTIFY, that I attended deceased from Nov 1- 37 to Feb 21-38, 19...

I last saw h.er alive on Feb 20-38. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 mo
Other contributory causes of importance: Arthritis (Suffocation)	3 mo

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. H. Weinmann, M. D.

(Address) 1216 E 32nd St

44173

HEALTH DEPARTMENT—CITY OF BALTIMORE

44173

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4430 Buchanan Ave 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Millissa M. Krips

If U. S. Veteran specify WAR

(a) Residence: No. 4430 Buchanan Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John K. McSherry

(Address) 714 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 22nd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar.

FEB 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938 to Feb 20 1938

I last saw h. Or alive on Feb 20 1938 Death is said to have occurred on the date stated above, at 3 A m. 2/21/38

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	2/18/38
Myocarditis	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm N. Montague Jr M. D.

(Address) 1800 N. Charles St.

F 44174

Koenigbauer

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4174

194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

U. S. Veteran
Specify WAR

2. FULL NAME John Koenigbauer

(a) Residence: No. 735 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matilda Koenigbauer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kimball Lyon & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathew Koenigbauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germ—

17. INFORMANT Matilda Koenigbauer
(Address) 735 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL Place Lacus Heath Date 1/25 1938

19. UNDERTAKER Lilly & Zeller Inc
(Address) 403 S. Wolfe St.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

Inquiry
Inquiry

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident. Date of injury Jan. 19, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Keibler & Taylor Lumber Co.

Manner of injury Lumber fell on R. Leg

Nature of injury Fracture of Tibia & Fibula.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fracture of Leg

Working

(Address) 2537 Lanvale St. Coroner M. D.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

44175 44175

44175

CERTIFICATE OF DEATH

106-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Port St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie J. Sunderland

If U. S. Veteran specify WAR

(a) Residence: No. 504 N. Port St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Beverly W. Sunderland

6. DATE OF BIRTH (month, day, year) Oct. 16-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Topsy

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Sarah L. Day

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Schaeche

(Address) 504 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 22 '38

19. UNDERTAKER John L. Miller

(Address) 2334 Jefferson St.

20. FILED Registrar.

FEB 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1938, to Feb 19 1938

I last saw h alive on Feb 4 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchitis	Jan 1-38
Contributory Myocarditis	
Chronic Nephritis	
Pulmonary Edema	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Keyser M. D.

(Address) 1561 Hilton Ave

4176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44176

CERTIFICATE OF DEATH

(30948 (1B)

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Estella Miller.

(a) Residence: No. 437 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Divorced

5a. If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ William Miller

6. DATE OF BIRTH (month, day, year) 5/10/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ Waitress

9. Industry or business in which work was done, as mine, saw mill, bank, etc. Forelady Phoenix Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John McComas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Cosnell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb. 22, 1938

19. UNDERTAKER John A. Inman
(Address) 3000 E. Balto St.

20. FILED 19 Registrar

2 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1938, to February 20, 1938

I last saw her alive on February 20, 1938. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-10-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

44177 HEALTH DEPARTMENT—CITY OF BALTIMORE 44177

CERTIFICATE OF DEATH 30859 (55)-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward) Registered No. 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Meade

(a) Residence: No. 408 E. Oliver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

7. DATE OF BIRTH (month, day, year) 6/25/~~1854~~ 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Berry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Feb. 23 19 38

19. UNDERTAKER Mrs. George F. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 19 38

22. I HEREBY CERTIFY, That I attended deceased from 2-14 19 38 to 2-20 19 38

I last saw h[illegible] alive on 2-19 19 38 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis and Hypertension	
Cardio Vascular disease	Autumn
Embolism of Popliteal artery	2-11-38
Gangrene of leg & foot	2-15-38

Other contributory causes of importance:

Was an operation performed? yes Date of 2-18-38

For what disease or injury? Gangrene of leg & foot

Name of operation Mid-thigh amputation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Woodward Jr. M. D.

(Address) 3280 City Hosp.

F44178 F44178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St., 203 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Weber

(a) Residence: No. 1929 W. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kan.

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ferdenand Kuean

(Address) 1909 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

St. Pauls Violetwells Date 2-23rd 38

19. UNDERTAKER Mrs Chas A. G. Rohde

(Address) 2327 Edmondson Ave

20. FILED 2-22 1938 Hattie E. Williams, M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Accident Date of injury Feb. 21, 1938, 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Street at Monroe & Balto. Sts. Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2757 N. 1607 St.

✓ F 44179

4179 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

123

Registered No. 15-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Isaac Isaacs

(a) Residence: No. 2902 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Late Jennie

6. DATE OF BIRTH (month, day, year) Jan 1, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Isaacs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Isaacs
(Address) 3921 Belleaire

18. BURIAL, CREMATION, OR REMOVAL
Nether Friendship Cem. Date Feb 22 1938

19. UNDERTAKER Sol Levinson Bro
(Address) 1124-26 W. Baltimore

20. FILED 1938 By

B 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938 to Feb. 21, 1938
I last saw him alive on Feb. 21, 1938 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal hemorrhage	1/3/38
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/9/38

For what disease or injury? To attempt to arrest hemorrhage.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stanley Bank M. D.
(Address) Sinai Hospital

✓ F 44180

44180 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mrs. Tuba Brown

If U.S. Veteran specify WAR

(a) Residence: No. 3132 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Lieby

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Kurland
(Address) 4347 Reisterstown

18. BURIAL, CREMATION, OR REMOVAL.
Place Pikesville Date 2/22/38

19. UNDERTAKER Jack Levin Levy
(Address) 1439 E. Mt. St.

2 22 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1938 to 2-21, 1938

I last saw her alive on 2-21-38, 19. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	2
Pulmonoma (lobar)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/16/38

For what disease or injury? Cancer of hepatic flexure of Colon

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elliot Nicholson, M. D.

(Address) Sinai Hospital

✓ F 44181

4181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josepns Hospital St. 10-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Paolina Mantegna

(a) Residence: No. 710 E. Chase St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Mantegna

6. DATE OF BIRTH (month, day, year): Jan. 25 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Enna Italy

FATHER

13. NAME: Giuseppe Pugliese

14. BIRTHPLACE (city or town) (State or country): Enna Italy

MOTHER

15. MAIDEN NAME: Maria Gilberto

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mary Debole

(Address) 710 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: Feb. 23 19 38

19. UNDERTAKER: Frank Della Vale

(Address) 52 N. Morley St.

Filed 19 Registered by

8 23 1938 Huntington Williams, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Feb. 19, 1938

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto Crossing

Nature of injury Gilford Ave. & Mt Royal Ave.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE 44182

4182

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH Lake View Brookfield Ave.

CITY OF BALTIMORE: (No. Cordova Apts St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Henrietta Guggenheimer If U. S. Veteran specify WAR .....

(a) Residence: No. Cordova Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Guggenheimer

6. DATE OF BIRTH (month, day, year) January 24 1836

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Bulle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schwab

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Waillie
(Address) Cordova Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Balto. Hebrew Cem. Date July 24 1938

19. UNDERTAKER David Fonacheim & Son
(Address) 1902 Eutaw Place

20. FILED FEB 22 1938 by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Feb 22 1938

I last saw h[illegible] alive on Feb 22 1938 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
	7 yrs
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Was an operation performed? No Date of /

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lutz, M. D.

(Address) Temple Garden Apts

✓ F 44183

44183 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a cc

Registered No. 187

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3804 Hudson St. N-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest J. Engel

(a) Residence: No. 3804 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Engel

6. DATE OF BIRTH (month, day, year) Dec 15-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Contr

10. Date deceased last worked at this occupation (month and year) About October last

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Clement Engel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Amelia Wicke

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Minnie Engel Wife

(Address) 3804 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb 23 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. Wolfe St.

20. FILED 2-24-1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 17-1938
Arterio-sclerosis	time unknown

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Cerebral Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

(Address) 1112 N. Broadway

E 44184

44184 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN SQAURE HOSP St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME JAMES H. DEVINE.

(a) Residence: No. 1420 E. BALTIMORE ST. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced
M	W	MARRIED.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HELEN DEVINE

6. DATE OF BIRTH (month, day, year) JULY ?/ 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAXI DRIVER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NEW. CUMBERLAN PA.

FATHER

13. NAME JOSEPH B. DEVINE

14. BIRTHPLACE (city or town) (State or country) SHERYTOWN PA.

MOTHER

15. MAIDEN NAME STELLA LAWRANCE.

16. BIRTHPLACE (city or town) (State or country) CONCAUNA. PA.

17. INFORMANT STELLA LAWRANCE. (MOTHER.
(Address) 315 Market St. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CUMBERLAND PA. Date FEB. 23/38

19. UNDERTAKER [illegible]
(Address) 403 E. WOLFE ST.

20. FILED 19 Registrar
B 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 21. 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound head	Feb 20

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicido Date of injury Feb 20 1938

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street.

Manner of injury Gunshot wound head.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Shot by occupant of Taxicab he was driving.

M. Piazza M. D.
(Signed) Coroner

(Address) 1822 W. Baltimore St.

44185 E 44185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29463--CGK

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Dorsey

(a) Residence: No. 802 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 6/1/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb. 23 1938

19. UNDERTAKER Ehrgott Wilson
(Address) 600 Pennsylvania Ave

20. FILED [illegible] Registrar

2 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 30 1937 to February 19. 1938.

I last saw her alive on February 19 1938. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2-10-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1265-9

44186

F 44186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Latrobe St St. 17-5 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Etta Barnes

(a) Residence: No. 1603 Latrobe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Barnes

6. DATE OF BIRTH (month, day, year) June 25, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Va.

FATHER

13. NAME Peter Bailey

14. BIRTHPLACE (city or town) (State or country) Essex Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Robinson Cousin (Address) 1603 Latrobe St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 22, 1938

19. UNDERTAKER Mrs L. G. Elliott and Daughter (Address) 1124 W. Lanvale St.

20. FILED 22 1938 Arthur Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938 to Oct 19, 1938

I last saw her alive on Oct 18 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown
Cerebral Hemorrhage	Oct 16

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. Garland Shipley M. D.

(Address) 1534 - Eutaw Pl.

187
34 19 40

Orma J Hamrick

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44187

CERTIFICATE OF DEATH

X53-c

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Orma Jean Hamrick

If U. S. Veteran specify WAR

(a) Residence: No. Webster Springs St., West Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

13. NAME Lorenza Hamrick

14. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

15. MAIDEN NAME Ora Pruit

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Webster Springs 2/22/38

19. UNDERTAKER John D. Mitchell
(Address) 1900 Pennsylvania Ave

20. FILED 2/22/1938 Huntington Williams Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938 to Feb 21, 1938

I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1-20-38

Other contributory causes of importance:

Was an operation performed? Yes. Date of 2-21-38

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Johns Hopkins Hospital

44188 ✓ 44188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

459

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5618 Mattfeldt Ave Ward) 7-15

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hamilton Douglas MacDonald If U. S. Veteran specify WAR No.

(a) Residence: No. 5618 Mattfeldt Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella MacDonald

6. DATE OF BIRTH (month, day, year) March 1 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 15

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER

13. NAME Robert MacDonald

14. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

MOTHER

15. MAIDEN NAME Margaret Douglas

16. BIRTHPLACE (city or town) (State or country) Aberdeen Scotland

17. INFORMANT Mrs Herbert MacDonald

(Address) 117 W. 24 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Date Feb. 23, 1938

19. UNDERTAKER Milligan & Dukenfield

(Address) North & Penna ave

FILED ... 19... Registrar

FEB 22 1938

Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to Feb. 19, 1938

I last saw h... alive on Feb. 19, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jaw	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Preston Griffith M. D.

(Address) 1904 Reisterstown Rd

F 44189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Catherine McCaffrey

6. DATE OF BIRTH (month, day, year): July 27 1873

7. AGE: Years 64 Months 6 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John M. Caffrey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Brady

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Catherine M. Caffrey 951 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL: Interred Date 2/28/38

19. UNDERTAKER (Address): Geo. C. Peters Sons Funeral Home Inc. Baltimore

20. FILED FEB 27 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1938, to 2-20, 1938.

I last saw him alive on 2-20, 1938. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset .....

Other contributory causes of importance:

Was an operation performed? Yes. Date of 1-26-38

For what disease or injury? Resection of rectum

Name of operation Resection of rectum

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Marsh M. D.

(Address) Bon Secours Hosp

44190

HEALTH DEPARTMENT—CITY OF BALTIMORE

44190

CERTIFICATE OF DEATH

Registered No. 1572

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Bay View St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 7 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Gladys Smith

(a) Residence: No. 1031 E. Eager Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Pearson Scott
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Alice West
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Alice Smith
(Address) 922 Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2-23, 1938

19. UNDERTAKER A. H. Stevens
(Address) 1138 Myrtle Ave

Huntington Williams, Reg.

2-22-1938

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
	Some time

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 711 N. Broadway

44191 E 44191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5512 Roland Avenue St. 27-13 Ward)

Length of residence in city or town where death occurred 72 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Thompson

If U.S. Veteran specify WAR ---

(a) Residence: No. 5512 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward L. Thompson

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Francis McCormick

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

15. MAIDEN NAME ------ McHale

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

17. INFORMANT Mrs. Ferdinand J. Roth

(Address) 5512 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Feb 23 1938

19. UNDERTAKER Hardy H. Mears and Son

(Address) 805 N. Calvert St.

FILED 2-22-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb-19 1938 to Feb 20 1938

I last saw her alive on Feb-20 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/19/38
Pain in left arm Feb-15-1938	
but was taken by me -	
Other contributory causes of importance: Senile Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. Tilson Porter M. D.

(Address) 4822 Roland Ave

44192 ✓ F 44192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

Registered No. 1877

1. PLACE OF DEATH Home

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 015 S. Streeper St., 1-1 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Leonard Deem

(a) Residence: No. 015 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clarence Leonard Deem Sr.

14. BIRTHPLACE (city or town) (State or country) Chester Pa.

MOTHER

15. MAIDEN NAME Helen Hagan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Helen Deem Mother
(Address) 015 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Parkhurst Date Feb 23rd 1938

19. UNDERTAKER Leo G. Gough
(Address) 1705 N. Patterson Park Ave

FEB 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Feb. 22. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 18 1938
Other contributory causes of importance: Umbilical Hernia	1 Month

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Bond St.

V S 6

44193 F 44193

44193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 #30952 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME XXXXXXXXXXXXXX (Joseph Cleveland Whitaker)

If U. S. Veteran specify WAR :

(a) Residence: No. 108 W. Conway St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Whitaker

6. DATE OF BIRTH (month, day, year) 3/31/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) XX. Virginia

FATHER

13. NAME James Whitaker

14. BIRTHPLACE (city or town) (State or country) XX. Virginia

MOTHER

15. MAIDEN NAME Ida Lee

16. BIRTHPLACE (city or town) (State or country) XX. Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Farnham, Virginia Date Feb 23rd 1938

19. UNDERTAKER Wm J Fickner & Sons

(Address) Lake Ave

20. FILED 19 Registrar.

F 21938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from February 18. 1938. to February 21, 1938

I last saw him alive on February 21 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-8-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Bellamy M. D.

(Address) Baltimore City Hospitals

F 44194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44194

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1114 Johnson St. 19-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Williams, Col

(a) Residence: No. 1114 Johnson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33 Yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown North Carolina

FATHER

13. NAME Willis Col.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lyons Mem. Co. Date Feb. 22 19 38

19. UNDERTAKER Edwin H. Hustead
(Address) 918 Druid Hill Ave.

20. FILED 19 ... Registrar.
Feb 23 1938 Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 19 37 to Feb 20, 19 38
I last saw ... alive on Feb 20, 19 38 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	one 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

44195 GAMBRILL F 44195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-A cc

Registered No. 522

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary (Mollie) Gambrill

If U. S. Veteran, specify WAR No Record

(a) Residence: No 1230 Glyndon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gambrill

6. DATE OF BIRTH (month, day, year) July about 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Gambrill

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Carroll

(Address) 1230 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 23rd 1938

19. UNDERTAKER Wm. Cook

(Address) 1217 N. Paul St

20. FILED FEB 23 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

desired by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Years Unk

Other contributory causes of importance: Arterio-sclerosis, Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

44196 E 44196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4012 Eldorado Ave (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME William A Cole
(a) Residence: No. 4012 Eldorado St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Elle
6. DATE OF BIRTH (month, day, year): Apr 13 - 1857
7. AGE: Years 80; Months 10; Days 9; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0050
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: A Cornelius Cole
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Sarah Gorsuch
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs Marg E Cole 4012 Eldorado Ave
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date 2/25 1938
19. UNDERTAKER (Address): Williams Cook 1219 St Paul St
20. FILED: Huntington Williams NR Registrar.
FEB 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22 1938 5.45 am
22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1937 to Feb 15 1938
I last saw him alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
- Arteriosclerotic Heart Disease with Coronary Thrombosis	5 yrs.
Other contributory causes of importance: 1) Cerebral Hemorrhage	4 yrs.?
2) Senility	

Was an operation performed? No Date of
For what disease or injury?
Name of operation None
What test confirmed diagnosis? None Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emil L Chambers M. D.
(Address) 4108 Belmont Ave

44197 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44197

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyden Hosp. St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify War No Record

2. FULL NAME Carl Tolley
(a) Residence: No. 1019 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 4th 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Marion Tolley
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME May Lipp
16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT (Address) Mother 1019 Forrest St

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Feb 24th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED ... 19... [illegible]

231938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 21 1938

22. I HEREBY CERTIFY, That I attended deceased from February 9 1938 to February 21 1938
I last saw him alive on February 21 1938 Death is said to have occurred on the date stated above at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Interstitial pulmonia	1/15/38

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Harry S. Gembel M. D.
(Address) Lyden Hospital

F 44198

44198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 741 W. Saratoga St., 4-7 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Joseph Lamartina

(a) Residence: No. 741 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Lamartina

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 40 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Samuel Lamartina

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Fortitta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Lamartina

(Address) 741 W. Saratoga Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date Feb 23 1938

19. UNDERTAKER Albert W. Gorry Jr

(Address) 4-40 E. North Ave

Feb 23 1938 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938 to Feb 21, 1938

I last saw him alive on Feb 21, 1938 at 4 p.m.

Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic Cirrhosis	3 yrs
Other contributory causes (importance): Arteriosclerosis	3 yrs

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M.D.

(Address) 1616 Madison Ave

F 44199

44199 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

#30223 SF

34-J-108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. Farrell

(a) Residence: No. 812 Williams St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/23/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	27	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beth. Steel Co. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Mary Cawley

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon, Md. Date 2/23/38

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 2/23/38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1938 to 2-22, 1938

I last saw alive on 2-22, 1938. Death is said to have occurred on the date stated above, at 8 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	about 2/15
Other contributory causes of importance	about

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

44200 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44200

CERTIFICATE OF DEATH

30851 JS

Registered No. 1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St., 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda Weir

(a) Residence: No. 4114 Grace Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Harry Weir

7. DATE OF BIRTH (month, day, year) 9-14-1906

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Eckert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances Whittington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Feb, 25th 38

19. UNDERTAKER Wilton Schilling

(Address) 1122 E. Monument St

20. FILED 2.3.1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1938, to 2-22-, 1938.

I last saw h[illegible] alive on 2-22-, 1938 Death is said to have occurred on the date stated above, at 3.25 Pm.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2-10-38

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify TUBERCULOSIS

(Signed) Isabel H. Thompson M. D.

(Address) Baltimore City Hospitals

4201 F 44201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 William St. Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elenora Bollman

(a) Residence: No. 904 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Bollman

6. DATE OF BIRTH (month, day, year) Dec. 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME James H. Bollman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Ellen F. Beziat

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Albert M. Bollman
(Address) 510 Park Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 23 19 38

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St

20. FILED ... 19 ... Huntington Woods, Md.

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15 1937 to Feb. 20 1938

I last saw her alive on Feb. 20 1938 Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/37
Exhaustion	2/19/38

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If ... (Signed) R. L. Campbell M. D.

2/21/38 (Address) 1644 Hanover St

F 44202

44202 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 178-a cc

Registered No. 1877

1. PLACE OF DEATH Bucks City Hospital
CITY OF BALTIMORE: (No. Long View St., 26-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Henry Martini
(a) Residence: No. 6562 Parnell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) About 6 years past
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Albert Martini
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Himmelman
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT August Martini
(Address) 6562 Parnell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 24 1938

19. UNDERTAKER John Ullrich & Sons
(Address) 2005 Eutaw St

20. FILED Feb 23 1938 Huntington Williams, Reg

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, by extension, Stomach, Liver	Feb. 21-1938

Other contributory causes of importance: Intestinal obstruction, Jaundice, Loss of time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 21 1938
Where did injury occur? 6562 Parnell Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Turned from manager
Nature of injury Contusion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Elwood M. D.
Coroner
(Address) 111 N. Howard St.

M. D. B. 1268-9

44203

F 44203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Novak

(a) Residence: No. 1303 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wenzel Novak

6. DATE OF BIRTH (month, day, year) Dec 20 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wenzel Novak

(Address) 1303 N Broadway

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto Cem Date Feb 24 38

19. UNDERTAKER John Ulmer

(Address) 2008 Orleans St

Huntington Williams Asst. Registrar.

No. 23438

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15-38, 19 to 2-21-38, 19

I last saw h.. alive on 2-21-38, 19 Death is said to have occurred on the date stated above, at 10½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	2-21-38
Acute Dilation	
	over

Other contributory causes of importance:

Name of operation ... Date of 2-19-38

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf, M. D.

(Address) 1 Eutaw Pl

44204 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 44204

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 E Pratt St. 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph H Moore

(a) Residence: No. 3203 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable L Moore

6b. DATE OF BIRTH (month, day, year) Jan 6 - 185

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co

10. Date deceased last worked at this occupation (month and year) 4 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jane Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mable Moore

(Address) 3203 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Cherry Hill Md. Feb 25 38

19. UNDERTAKER John Ulmit

(Address) 2008 Orleans St

20. FILED ..... 19 .....

FEB 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/38

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Feb 22 1938

I last saw him alive on Feb 20 1938 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular disease	
Cerebral Hemorrhage & Hemiplegia	2 years

Other contributory causes of importance: Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Gordon M. D.

(Address) 3402 E. Belvedere Ave

44205 F 44205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Bruce St. 16-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Emma Pritchett

(a) Residence: No. 809 N. Bruce St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 9/20/1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private family 60 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Mitchell

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Henrietta Heath

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Boulden 809 N. Bruce St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 2/25 38

19. UNDERTAKER Willis & Dickson Penna ave

(Address)

FILED FEB 23 1938 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Feb. 24, 1938

I last saw h[illegible] alive on Feb. 21, 1938

Death is said to have occurred on the date stated above, at 12.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 15 38
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. N. Pitt M. D.

(Address) 1536 W. Lanvale St

44206

F 44206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Anna M. Ewing

(a) Residence: No. St Lukes Lane St., Baltimore Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 12th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME James Ewing

14. BIRTHPLACE (city or town) (State or country) New Berlin Penna

MOTHER

15. MAIDEN NAME Mary Shorley

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Meidenmeyer

(Address) St Lukes Lane Baltimore Co

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Cemetery Date Feb 24th 1938

19. UNDERTAKER A. L. Monshall

(Address) 3539 Falls Road

20. FILED ____ 19 ____ Registrar

Mar 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 2 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) ____ M. D. Coroner

(Address) ____

44207 F 44207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepherd Hospital, 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 dls. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Julius Johnson
(a) Residence: No. Harmans (Usual place of abode) Md., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Johnson

6. DATE OF BIRTH (month, day, year) Feb 19-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmans Md

FATHER
13. NAME Thomas Johnson
14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER
15. MAIDEN NAME Florence Cook
16. BIRTHPLACE (city or town) (State or country) Harmans Md

17. INFORMANT Nettie Johnson (Address) Hanover Md

18. BURIAL, CREMATION, OR REMOVAL
Place Harmans Md Date Feb 23 1938

19. UNDERTAKER Howard Kelbourn (Address) 1303 Presstman St

20. FILED 19 Registrar
FEB 23 1938 Hamilton Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
found that said deceased came to (Inquest, Autopsy or Inquiry)
death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 15 1938

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Office

HEALTH DEPARTMENT—CITY OF BALTIMORE

14208 CERTIFICATE OF DEATH ✓ 82-6 F 14208

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Monroe St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Polydor EDWARD Carey

(a) Residence: No. 1018 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Jan. 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Thomas R. Carey

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Reidy

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Thomas E. Carey

(Address) 217 S. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 25 1938

19. UNDERTAKER Leo F. Tilles

(Address) 1205 Edmondson Ave

FEB 23 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1927 to Feb. 23 38

I last saw him alive on Feb. 22 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. — Date of onset 2/22/38

Other contributory causes of importance:

Hypertension — 1926

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) Charles Bassett M. D.

(Address) 2729 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14289 — V 131 — 14289

CERTIFICATE OF DEATH

Registered No. 30-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 W. Fairmount St., 30 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Maria Dorr

(a) Residence: No. 2101 Boyd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Dorr

6. DATE OF BIRTH (month, day, year) March 27-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Himmig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie Gebert

(Address) 2721 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Feb 24, 1938

19. UNDERTAKER George Lotzkerwal

(Address) 2101 Frederick Ave.

20. FILED Feb 23 1938 Harry Tipton Hunting REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938 to Feb. 22, 1938

I last saw h[illegible] alive on Feb. 22, 1938 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	
Arteriosclerosis	

Other contributory causes of importance:

Chronic myocarditis with	
Myocardial Degeneration	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) James A. Blumberg M. D.

(Address) 1000 Hollins St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14210

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Englewood Rd St. 27-13 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alberta Ruth Wood

(a) Residence: No. 14 Englewood Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rufus K. Wood

6. DATE OF BIRTH (month, day, year) Dec. 27 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

FATHER

13. NAME Chas. W. Mergdith

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anne Sprigman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Fredk. M. Wood

(Address) 14 Englewood Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Harrisburg-Pa Date Feb. 24 1938

19. UNDERTAKER Tom M. Schryer Sons

(Address) North 1 Pa Ave.

RECEIVED FEB 23 1938 H. E. Taylor M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14 1937 to February 22 1938

I last saw h[illegible] alive on February 21 1938. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial insufficiency and Chronic nephritis	1930
Other contributory causes of importance:	
Cerebral thrombosis	Feb. 1 - 38

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1117 Mary Land Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14211 CERTIFICATE OF DEATH ✓93-C F 14211

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Maley ave St., 28-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida E. Bowness

If U. S. Veteran specify WAR

(a) Residence: No. 5505 Mealey ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Paul Bowness 1862 1867

6. DATE OF BIRTH (month, day, year) Feb. 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 ~~77~~	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Watts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Burgess

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Emma Winkel
(Address) 5505 Maley ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 25 1938

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) No. Ba ave

FEB 23 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby. 16, 1938 to Feby 21, 1938

I last saw ~~her~~ alive on Feby 21 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	2/20/38
Coronary Thrombosis	2/17/38
Other contributory causes of importance:	
Atheroma Myocarditis	1930

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Symptoms Examination Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Bowness M. D.

(Address) 1663 Mt Holly ave.

14212 HEALTH DEPARTMENT—CITY OF BALTIMORE 14212

CERTIFICATE OF DEATH

6-5347-95-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Johnson

(a) Residence: No. 31 N. Caroline St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-8-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anne Camphor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date feb 25 1938

19. UNDERTAKER Edw. Bryson
(Address) 1241 orleans st

20. FILED ..... 19..... Registrar
MAR 3 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1937 to February 22, 1938.

I last saw him alive on February 22 1938 Death is said to have occurred on the date stated above, at 2½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937
Other contributory causes of importance:	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lauballe, M. D.

(Address) Baltimore City Hospitals

4213 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44213

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mason Lewis (29379) If U. S. Veteran specify WAR

(a) Residence: No. 1428 Hopewell Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 3, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Cloyd (D)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Clara Booker (L)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-26, 38

19. UNDERTAKER Jas. E. W. Johnson Sons
(Address) 638 W. Fulton

FILED FEB 23 1938 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to February 22, 1938
I last saw h alive on February 22, 1938 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Sept 1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

14214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14214

CERTIFICATE OF DEATH

9'3-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Mosher St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen E. Collins

(a) Residence: No. 1221 mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Collins

6. DATE OF BIRTH (month, day, year) Oct 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	90	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lloyd E. Earle

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen M. Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julia B. Phillips

(Address) 1221 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2/26 1938

19. UNDERTAKER Samuel W. Rosenthal

(Address) 632 N. Eutaw

20. FILED ... 19 ... Registrar.

FEB 23 1938 Hamilton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/10/ 1937 to 2/22/ 1938

I last saw h... alive on 2/21/ 1938 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, ...)

(Signed) J. B. Rosenthal M. D.

(Address) 1600 W. Fayette St.

44215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44215

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St. Joseph's Hospital St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard P. Nilson

(a) Residence: No. 230 E. 30th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie S. Seyfried

6. DATE OF BIRTH (month, day, year) 7/16/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yacht Builder (Boats)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME OF FATHER John Nilson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME OF MOTHER Ulla Olsan

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs L. S. Elliott (Address) New Orleans La.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 2/24/38

19. UNDERTAKER Fahey & Sons (Address) 813 E Eager St.

20. FILED 2/24/1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938, to Feb 21, 1938

I last saw h... alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-12-38
Other contributory causes of importance:	
Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. H. Bouiller M. D.

(Address) St. Joseph's Hospital

14216 F 14216

14216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Lakeview Ave. St. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amanda Waldorf

(a) Residence: No. 2441 Lakeview Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Waldorf

6. DATE OF BIRTH (month, day, year) Nov. 20, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Haas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babette ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Waldorf,
(Address) 3609 Forest Park Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Cem. Feby. 24 38

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

Feb 23 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Feb 21, 1938

I last saw h[illegible] alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Feb 16
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Milton Thorp, M. D.

(Address) Medical Arts Bldg.

FEB 27 1938

4217 E 44217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Pearson

(a) Residence: No. 1015 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	Seven	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Assistant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Stevenson

14. BIRTHPLACE (city or town) (State or country) Pendleton S.C.

MOTHER

15. MAIDEN NAME Phyllis Samuels

16. BIRTHPLACE (city or town) (State or country) Pendleton S.C.

17. INFORMANT Phyllis Stevenson

(Address) 1015 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 24, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 3220 Schroeder St

FILED FEB 23 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.22. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2.11. 1938 to 2.22. 1938

I last saw her alive on 2.22. 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	2.11.38
Bronchopneumonia	2.18.38
Otitis media	2.9.38?

Other contributory causes of importance:

Was an operation performed? Yes Date of 2.11.38

For what disease or injury? Otitis media

Name of operation Mastoidectomy

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James P. Carr M. D.

(Address) 515 Mosher St

Edward O'Malley

44218 ✓ F 44218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4500 La Salle Ave St., 26-1 Ward)

Length of residence in city or town where death occurred Life Born in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward O'Malley

(a) Residence: No. 4500 La Salle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Louise Knop O'Malley

6. DATE OF BIRTH (month, day, year) July 18-1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward J. O'Malley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Louise O'Malley
(Address) 4500 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 2/24/38

19. UNDERTAKER Chas. J. Marks & Son
(Address) Olivet Royal Ave

20. FILED 2/3 1938 Huntington Station, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Feb 21, 1938. I last saw h.. alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia (Type VII)	5 days

Other contributory causes of importance:

Was an operation performed? No Date of No

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leroy M. Brouillet, M. D.

(Address) 11 E. Joseph's Pl. [illegible]

F 44219 ✓ F 44219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Hilleat St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary K. Layton

If U. S. Veteran specify WAR

(a) Residence: No. 809 Hilleat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Layton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Missouri Shumate

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Sara Layton

(Address) 809 Hilleat St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB 23 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED FEB 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre existent pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

FEB 23 1938

4220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44220

CERTIFICATE OF DEATH

340-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Brown (26813)

(a) Residence: No. 824 N. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	2	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0 0 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

13. NAME ??

14. BIRTHPLACE (city or town) (State or country) ??

FATHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 23 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

FILED FEB 23 1938 ... Registrar.

3815

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937 to February 14, 1938

I last saw him alive on February 14, 1938 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset Sept. 1936.

Other contributory causes of importance: None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) L. M. Cuthe ? M. D.

(Address) Balto. City Hospitals

F 44221

44221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

MB 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Reeves

(a) Residence: No. 1422 N. Gilmor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Frances Reeves

6. DATE OF BIRTH (month, day, year) 4/16/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Elmos Reeves

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Rachael Wilson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL FEB 23 1938
Place Date Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

FILED FEB 23 1938 Registrar

3844

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to February 17. 1938

I last saw him alive on February 17. 1938 Death is said to have occurred on the date stated above, at 11.40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-14-38
Other contributory causes of importance: Hypertensive cardiovascular disease	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 44222

44222 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1268 Franklin St. 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U S Veteran specify WAR

2. FULL NAME Betty Bentzinger
(a) Residence: No. 1268 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or race: Color
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Feb. 22, 1923
7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country)

FATHER
13. NAME Esther W. Bentzinger
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Anna M. Betz
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Esther W. Bentzinger
(Address) 1268 Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL FEB 23 1938
Commissioner of Health
By H. A. Moore

19. UNDERTAKER Huntington Williams M.D.
(Address)

20. FILED 2-23-1938 (Registrar) 9347

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1938 to Feb. 22, 1938
I last saw h alive on Feb. 22, 1938 Death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis
5½ Mos.

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Huntington Williams M. D.
(Address) 1 E. Mt. Vernon Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4223 E 44223 ✓ ×98

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph McKaver

(a) Residence: No. 1611 Druid Park Drive St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Provident Hospital (Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Buried Dent Cem. 2/23/35

19. UNDERTAKER John J. Finlay & Sons (Address) 310 Eighth St

20. FILED FEB 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1935 to 2/20, 1935

I last saw him alive on 2/20, 1935 Death is said to have occurred on the date stated above, at 3½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Gangrene of fingers of both hands	1/31/35
2) upon respiratory infections	
3) Dental Caries 4 months	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/4/35

For what disease or injury? Gangrene of both hands

Name of operation Amputation of fingers

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44224

CERTIFICATE OF DEATH

131 F 44224

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (a) CITY OF BALTIMORE: (No. 437 Whitridge St. 12-3 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah E. Dorsey

(a) Residence: No. 437 Whitridge St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Dorsey

6. DATE OF BIRTH (month, day, year) Oct. 3, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

13. NAME John Foard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma McCoslin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph E. Dorsey
(Address) 2312 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdown Date Feb 25 1938

19. UNDERTAKER Frederick A. Dalton
(Address) 1200 W. Lombard St.

REC'D FEB 23 1938 Huntington Williamson, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1938 to 2/22, 1938

I last saw him alive on 2/22, 1938. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs ago
Chronic Interstitial Nephritis	1 year
Other contributory causes of importance	
Myocardial Degeneration	2/11/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury No, 19

Where did Injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Muller M. D.

(Address) 1500 N. Broadway

F 14225

4225

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME [illegible]

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H Fisher

6. DATE OF BIRTH (month, day, year) April 8 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George Wenzel

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emma Boyer

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Superior, Sup. (Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 24 38

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

23 [illegible] Huntington Wilhelm & Nes [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1935 to Feb 22 1938

I last saw h[illegible] alive on Feb 18 1938 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cor Insufficiency — Date of onset ?

Other contributory causes of importance: Arteriosclerosis — ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1117 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4422[illegible]

CERTIFICATE OF DEATH

× 91-a

F 4422[illegible]

Registered No. .....

1. PLACE OF DEATH Md Gen. Hosp. 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frank S. Hartman

If U. S. Veteran specify WAR

(a) Residence: No. Rock Hall Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarita Josephine Hartman

6. DATE OF BIRTH (month, day, year) Feb. 5 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water 1086

10. Date deceased last worked at this occupation (month and year) Jan 35

11. Total time (years) spent in this occupation Ep

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Francis S Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliza A Fiske

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Mamie Bass

(Address) 2812 Riggs av. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Date 2/26 1938

19. UNDERTAKER Maynard S. Williams

(Address) Embalmer Maryland

20. FILED FEB 23 1938 Harford, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1938, to 2-23 1938

I last saw him alive on 2-22 1938 Death is said to have occurred on the date stated above, at 12.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Strep Viridans Sub-acute endocarditis.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood culture. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) G. Williams S. M. D.

(Address) Md. General Hospital

F 44227

HEALTH DEPARTMENT—CITY OF BALTIMORE

227 1

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1200 W. Cross St. 21-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hazel Elizabeth Johnson
If U. S. Veteran specify WAR

(a) Residence: No. 1200 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harlan Johnson

6. DATE OF BIRTH (month, day, year) Feb 10 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

13. NAME Benj W. Burton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Shenton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harlan Johnson
(Address) 1200 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. 2-26

19. UNDERTAKER John Carmichael & Son
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to Feb 23 1938

I last saw her alive on Feb 23 1938 Death is said to have occurred on the date stated above, 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Tuberculosis - right	1926
Other contributory causes of importance: Pulm Tuberculosis - Miliary Tuberculosis	

Was an operation performed? yes Date of 1932
For what disease or injury? Renal T.B.
Name of operation Nephrectomy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) Francis D. Gillis M. D.
(Address) 20 E Preston

44228 F 44228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 N. Bentalou St. 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Louise Orendorff

(a) Residence: No. 1427 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Boris Orendorff

6. DATE OF BIRTH (month, day, year) March 16-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT David Orendorff
(Address) 1427 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place St Thos Westminster Feb 24 1938

19. UNDERTAKER Easter Sons
(Address) Ellicott City

Filed 3 1938 Harrison Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22- 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-21- 1938 to 2-22- 1938

I last saw her alive on 2-22- 1938 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-4-38
Other contributory causes of importance:	
Hypertension	unknown

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

F 44229

4229 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Adam Handschuh.

(a) Residence: No. 3100 Old Annapolis Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Naomi Handschuh.

6. DATE OF BIRTH (month, day, year) March 14, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Handschuh.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Guethlein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Naomi Handschuh. (wife)

(Address) 3100 Old Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 25th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED FEB 24 1938 Huntington Williams, M.D. Registrar 2/23/38

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest And that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Fractured hip, Fractured ribs, Fracture of the skull Accidental fall from a smoke stack.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb. 21. 1938

Where did injury occur? Carr, Lowry Glass Works, Westport.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fall from a smoke stack.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Montenhardt Coroner, M. D.

Address 1017 S. Charles St.

F 44230

44230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-3

Registered No. .....

1. PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. 1 ds. How long in U. S. If of foreign birth? ds.

If U. S. Veteran specify WAR War

2. FULL NAME Charles H. Cole.

(a) Residence: No. Solley's, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or~~ HUSBAND of (~~or WIFE of~~) Katherine Cole.

6. DATE OF BIRTH (month, day, year) January 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Caulker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John T. Cole.

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Florence L. Bosley.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edith Schultz. (sister)

(Address) 1809 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Name U. S. National Date Feb 24 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED 2-24-1938 Wm. J. Fenton, Registrar

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Occlusion of the Coronary Arteries.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I hereby certify (Signed) Otho Reinhart Coroner, M. D.

(Address) 1017 S. Charles St.

2/23/38

44231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44231

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Clifton ave St. 15-7 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James L. Watts

(a) Residence: No. 2826 Clifton Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Nina Rae Watts

6. DATE OF BIRTH (month, day, year) Jan. 2. 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House building

10. Date deceased last worked at this occupation (month and year) 1/25/38

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME Edward Watts

14. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER

15. MAIDEN NAME Margaret Gordnel

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Mrs. Nina Rae Watts 2826 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date 2/28 1938

19. UNDERTAKER (Address) William Cook 1217 Pontiac

20. FILED ... 19... Registrar.

2/24/1938 Huntington, West Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938 to Feb 23 1938

I last saw h... alive on Feb. 22 1938 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of right Internal Saphenous Vein	2/20/38
Chr. myocarditis	1936

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 N. North Ave.

F 44232

4232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert P. Offutt

(a) Residence: No. 1321 Webster St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret M. Offutt

6. DATE OF BIRTH (month, day, year) June 30 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9-13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jas. W. Offutt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Josephine Huber

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph P. Offutt

(Address) 304 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place N. Cathedral Date 2/26 1938

19. UNDERTAKER Margaret J. Flynn

(Address) 1412 Light St.

20. FILED 2-24-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1912 E. North Ave.

V S 6

Spec.—1-12-23—M&T—500 Blks.

44233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44233

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Madison Av. ST. 13-3 WARD)

2-FULL NAME Nellie Howell

(a) RESIDENCE NO. 2416 Madison Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Professor Howell

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Leonardtown Md.

PARENTS

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Sylvia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Fosina Howell

(Address) 2416 Madison Av

15 FILED 2/24 1938 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1938

17 I HEREBY CERTIFY, That I attended deceased from Feb 18 . 1938 . to Feb 21 . 1938 .

that I last saw h alive on Feb 21 . 1938 .

and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alfred A. Brudick M. D.

. 19 (Address) 7006 Parkwood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/24 19 38

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Av

4234 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44234

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5926 Eastern Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard P. Schumann If U. S. Veteran specify WAR

(a) Residence: No. 5926 Eastern Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Elizabeth Schumann

7. DATE OF BIRTH (month, day, year) Dec 9 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Schumann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas R Schumann

(Address) 5926 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 25 38

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

No. 241938 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/38

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1938 to Feb 22 1938

I last saw him alive on Feb 22 1938. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	day
Arterio-Sclerosis	2

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Volak M.D.

(Address)

4235 E 14235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 6510 Cleveland St., 26-6 Ward)

Registered No. 1121 CC

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Earl Hyde Bennett

(a) Residence: No. 6510 Cleveland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Emily Bennett

6. DATE OF BIRTH (month, day, year) April 13-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steel Mills

10. Date deceased last worked at this occupation (month and year) Feb. 21-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Bertram Bennett

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna. Bear

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Donald Bennett Son

(Address) 6510 Cleveland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 24 38

19. UNDERTAKER John Welsh

(Address) 2006 Orleans St

20. FILED 19 Registrar

F 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb. 23/1938
	8 Months

Other contributory causes of importance

Operation Appendicitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

44236

F 44236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Arms Apt 2-F Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albertina Callow

(a) Residence: No. Cambridge Arms Apts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Enoch Callow

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. F. Wagle

(Address) Fidelity Trust Co

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb. 24 1938

19. UNDERTAKER Chas. E. Brauch

(Address) 802 Madison Ave

Feb 24 1938 19 Registered Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 2/20/38

Other contributory causes of importance: Chronic Interstitial Nephritis

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh Toulson, M. D.

Coroner

(Address) Coroner

F 44237 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44237

CERTIFICATE OF DEATH

√23

Registered No. 9-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 East 31 st. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mollie B. Hopkins

(a) Residence: No. 1605 East 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Hopkins

7. DATE OF BIRTH (month, day, year) April 12 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

13. NAME Scott Maxwell

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

15. MAIDEN NAME Sally McGaw

16. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

17. INFORMANT Edward S Hopkins (Son)
(Address) 1605 E. 31st. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Grove Cem. Aberdeen Date Feb. 25- 38

19. UNDERTAKER Stewart and Mowen Co.
(Address) 108 W. North Ave. Balto. Md.

24433 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb- 23- 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1 1937 to Feb 22- 1938

I last saw her alive on Feb 22- 1938. Death is said to have occurred on the date stated above, at 8. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	2-18- 1938
Hemorrhage	
Other contributory causes of importance: Pulmonary Tuberculosis	1900

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davis M. D.

(Address) 800 E 33rd St.

F 44238

44238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

24-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 35 yrs. ---m---d. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lemuel J. Lawrence.

(a) Residence: No. 335 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~MARRIED~~ widowed, ~~HUSBAND of~~ WIFE of ~~MARRIED~~ Marie Lawrence

6. DATE OF BIRTH (month, day, year) December 7, ~~1891~~ 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 ~~45~~	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Balto. Co. Md.

FATHER

13. NAME John M. Lawrence.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah E. Jenkins.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Cassie L. Rittenhaus. (sister)
(Address) 335 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 2/24 1938

19. UNDERTAKER J. F. McCully
(Address) 130 E Fort Ave

20. FILED 19 Registrar

~~44238~~ Huntington Williams, ~~MD~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Accidental fall on the street	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb. 21, 1938

Where did injury occur? In front of 220 Warren Av
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On public street

Manner of injury Fall

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt M. D.
Coroner

2/23/38 (Address) 1017 S. Charles St.

F 14239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14239

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Wand St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Baltimore Brooks

If U. S. Veteran give WAR

(a) Residence: No. 1429 Wand St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Brooks

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Byrnville (State or country) Va

FATHER

13. NAME Charles Sayler

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk (State or country)

17. INFORMANT Clarence Brooks

(Address) 1429 Wand St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 25, 19 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED Feb 25 19 38 Thomas Fair Williams, Registrar

FEB 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 15 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

14240 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14240

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Belle Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Phebe L. Lentz

(a) Residence: No. 4402 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl I. Lentz

6. DATE OF BIRTH (month, day, year) June 7 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME George Alfred Kimble

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Phebe E. Baldwin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Earl I. Lentz

(Address) 4402 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feb 26 1938

19. UNDERTAKER Harry W. Arnacost

(Address) 4204 Ridgewood Ave

20. FILED 2-27 1938 Registrar

941938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Feb 23 1938

I last saw her alive on Feb 23 1938 Death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovas.	1930
Myo. Degen.	
Cerebral Hemorrhage.	2/23/38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Grace M. D.

(Address) 4800 Liberty Hgts Ave

14241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14241

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4123 Southern Ave. St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma E. Myers

(a) Residence: No. 4123 Southern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Myers

DATE OF BIRTH (month, day, year) April 26, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

13. NAME Christian C. Sittig

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Anna Dumhardt

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT (Address) Mr. John H. Myers 4123 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 26 1938

19. UNDERTAKER (Address) Frederick Funeral Home 7401 Belair Road

Filed FEB 24 1938 Pennington Wagner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1937, to Feb 23, 1938

I last saw her alive on Feb 23, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Feb 12, 38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. S. Harding M. D.

(Address) 7810 Belair Rd.

14242 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14242

14242

CERTIFICATE OF DEATH

V 59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St. 27-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Wachmann

(a) Residence: No. 3401 Southern Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. Wachmann

7. DATE OF BIRTH (month, day, year) Aug 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

13. NAME Christiane Lintz

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

17. INFORMANT Mrs. F. H. Wachmann
(Address) 3401 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Cemetery Date Feb 26 1938

19. UNDERTAKER Frederick Loewenstein & Sons
(Address) 701 Eutaw Place

20. FILED Feb 24 1938 Registrar.

Burlington Vermont

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937 to Feb 23, 1938.

I last saw her alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset 1935
Infection left leg. — Dec 1937.

Other contributory causes of importance:
Generalized arteriosclerosis

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home Dept

44243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-44 F 44243

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 21-2 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Monroe

(a) Residence: No. 1307 Bayard St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2 97

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Monroe

14. BIRTHPLACE (city or town) (State or country) Wilmington Del.

MOTHER

15. MAIDEN NAME Louisa Mathews

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louisa Mathews
(Address) 522 Iceland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2-19-38

19. UNDERTAKER Walter B. Fry & Son
(Address) 23 W. Lafayette St.

B 24136 Huntington Millard

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Acute Cardiac decompensation	?

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. J. Manna, M. D.
Coroner

(Address) 1822 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14244

CERTIFICATE OF DEATH

✓121

F 14244

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St. 15-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Schwartzman

(a) Residence: No. 2000 N. Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21 30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oscar Schwartzman

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Ida Reibel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Oscar Schwartzman

(Address) 2000 Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Wyndon Mills Road Date Feb 24 1938

19. UNDERTAKER Sol Levinson & Bro.

(Address) 1124 26 W. Mt. Royal ave

FEB 24 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/4 1938 to 2/23 1938

I last saw h[illegible] alive on 2/23 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute appendicitis	2/4/38
(b) Peritonitis	2/19/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/19/38

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wyndham Lewis M. D.

(Address) Wyndon Md

83

14245 F 14245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 10 CGH--30993

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-7 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Shaffer

(a) Residence: No. 1112 Kelly Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Adam ?

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ? Hoover

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hampton Date Feb 26, 1938

19. UNDERTAKER Thomas Hamilton
(Address) 2615-17 Pennsylvania Ave

Feb 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1938, to February 23, 1938
I last saw him alive on February 23, 1938. Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-9-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify wether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. Lyle Saunders, M. D.

(Address) Baltimore City Hospitals

4246 E 14246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Riggs Ave. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Michel,

(a) Residence: No. 2813 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Michel,

6. DATE OF BIRTH (month, day, year) December 5.1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 80	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1004

10. Date deceased last worked at this occupation (month, year) 1928

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Delores, Snyder.
(Address) 602 Coleraine Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date FEB 25 1938

19. UNDERTAKER Geo. W. Sisler
(Address) 2700 Edmondson Ave.

20. FILED Huntington Pittsburgh, Pa.
FEB 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13/38, 19..., to 2/23/38, 19...

I last saw h... alive on 2/23/38, 19... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	
Cardio-Vascular	
Renal Disease	
Other contributory causes of importance:	
Pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ..., M. D.

(Address) 3145 W. Lanvale

14247 HEALTH DEPARTMENT—CITY OF BALTIMORE 14247

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St., 42-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Cathcart

If U. S. Veteran specify WAR

(a) Residence: No. Hopkins Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Cathcart

6. DATE OF BIRTH (month, day, year) May 22, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Did deceased last work at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Thomas McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Stanton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Wilbur Cathcart
(Address) Hopkins Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 25 1938

19. UNDERTAKER W. M. Jackson & Sons
(Address) [illegible]

FILED FEB 24 1938 19 St. Agnes Hospital MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 2/22/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James A. Evans M. D.

(Address) Coroner Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14218

CERTIFICATE OF DEATH

47-B

F 14218

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Park Ave St. 137 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Gottlieb~~ Beyer — GOTTFRIED

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna. Beyer

6. DATE OF BIRTH (month, day, year) Oct 14 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Christian Beyer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Johanna Beyer

(Address) 1812 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

St Pauls - Violetville Date 2-24/38

19. UNDERTAKER Mrs Chas A. G. Rohde

(Address) ~~Key Edmondson Ave~~ Huntington Ave

2-24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10 1938 to February 20 1938

I last saw him alive on February 20 1938. Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1937?

Other contributory causes of importance:

Senility
Arteriosclerosis, Bronchopneumonia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Physical signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. S. Chalfant, M. D.

(Address) 6210 York Road

Dr. CHALFANT. 6210 YORK ROAD. TUXEDO 3166

LAVITA J.

F 4424?

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 4424?

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lavita Tincent

(a) Residence: No. 2403 Parker Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wichita Falls. (State or country) Texas

MOTHER FATHER

13. NAME Jesse E. Vincent

14. BIRTHPLACE (city or town) Canton (State or country) Texas

15. MAIDEN NAME Hazel Capps Watts.

16. BIRTHPLACE (city or town) Texas (State or country)

17. INFORMANT Mother, Hazel Vincent

(Address) 2403 Parker Ave Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cemetery Date Feb 25 1938

19. UNDERTAKER J. Britt and Son

(Address) 2224 E. Baltimore St.

FEB 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938 to Feb 23, 1938

I last saw h.. alive on Feb 23, 1938 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Glomerulo Nephritis Chronic	

Other contributory causes of importance:

Cutaneous Thrombocytopenia	Feb 20
Broncho pneumonia	2-22-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) S. T. B. Revell Jr. M. D.

(Address)

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 44250 — 59 — F 44250

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 507 Walker Ave. ST. 27-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gertrude Blakeley

(a) RESIDENCE NO. 507 Walker Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of WIFE of Henry A. Blakeley

6 DATE OF BIRTH (month, day, and year) May 26th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife pd 37

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Freeland Md

PARENTS

10 NAME OF FATHER William J. Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Oldrath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Freeland Md.

14 Informant (Address) Kemp Beaumont Freeland, Md.

15 Filed 2 4 1938 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 23rd 1938

17

I HEREBY CERTIFY, That I attended deceased from December 24 1937, to February 23 1938

that I last saw h[illegible] alive on February 23rd 1938

and that death occurred, on the date stated above, at 6 - p. m.

The CAUSE OF DEATH* was as follows:

Lobular pneumonia
Type III pneumococcus

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Sputum typing Blood test

(Signed) H. S. Chalfant M. D.

Feb 25 1938 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stevensville, Balto. Co. Md.

DATE OF BURIAL Feb 26 1938.

20 UNDERTAKER Edmund Hoban & Son

ADDRESS 3645 Eastern Ave

F 14251

14251 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Ave. Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. V. Hattie Reed

(a) Residence: No. 3020 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph L. Reed

6. DATE OF BIRTH (month, day, year) Oct 30, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Dorsey

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Ann Engleman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Lucy Gaither Reed

(Address) 3020 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem. Date Feb 25 1938

19. UNDERTAKER J. Howard Strong

(Address) 715 Eutaw St

FILED 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 4:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemmorrhage	

Other contributory causes of importance: Shock from fall

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-10 1938

Where did injury occur? 3020 W. North Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Slipped & fell

Nature of injury Fracture right hip & hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen Canavan M. D. Coroner

(Address) 1610 Hanover

V S 6

4252 E 14252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1100 S. Ellwood Ave (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 57 yrs. ..... mos. ..... da.

2. FULL NAME Rozalia Rozanski
If U. S. Veteran specify WAR

(a) Residence: No. 1100 S. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

7. DATE OF BIRTH (month, day, year) Aug 5 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Jacob Konaski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Eva Szymczyski
(Address) 1106 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Cross Cem. Date Feb 26 1938

19. UNDERTAKER Martin W. E. Deppel
(Address) 37 S. Ann St.

20. FILED 19 Washington Williams M.D.
2 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 . 1937 to Feb 22 . 1938

I last saw h[illegible] alive on Feb 22 . 1938. Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease.	12-15-37
Chr. Myocarditis	2-10-38
Myocardial Failure	

Other contributory causes of importance

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Schumacher M. D.

(Address) 8425 Eastern Ave.

44253 F 44253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No.) St., 26-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Wagner
(a) Residence: No. 330 S. Lehigh St St., Ward.
(Usual place of abode) (If not resident give city or town and State)

☐ U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race W Jute | 5. Single, Married, Widowed, or Divorced (write the word) Married (Wd.)

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Wagner

7. DATE OF BIRTH (month, day, year) April 12-1868

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Balto. Md.
14. NAME John Behner
15. BIRTHPLACE (city or town) (State or country) Germany
16. MAIDEN NAME Not known
17. BIRTHPLACE (city or town) (State or country) Not known
18. INFORMANT Christina Spanr
(Address) 324 S. Lehigh St.
19. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Feb. 26-38
20. UNDERTAKER John J. Miller
(Address) 1337 Jefferson St
4 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938 to Feb 26, 1938
I last saw her alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 10.05 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 18
Diabetes Mellitus	1932?
Hemoperneardium	Feb 26
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert M. Gundersheimer M. D.
(Address) Sinai Hospital

F 44254

4254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Kathland Ave. St. 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Lautenberger

If U. S. Veteran specify WAR.

(a) Residence: No. 4310 Kathland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah E. (nee Hartley)

6. DATE OF BIRTH (month, day, year) Nov. 23, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postman

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Lautenberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. W. Harry Burk,

(Address) 4310 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Feb. 25/ 1938

19. UNDERTAKER 401 Edmondson Ave.

(Address)

20. FILED 19 Registrar.

4258

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1938 to Feb. 23rd 1938

I last saw him alive on Feb. 23rd 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/11/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert C. Reisler M.D.

(Address) 2245 Reisterstown Rd Balto Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

14255

CERTIFICATE OF DEATH

92-a F 14255

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 W. 28th St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie Stokes

(a) Residence: No. 300 W. 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year): Nov 29-1864

7. AGE: Years 73 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlotte Co Va

MOTHER FATHER

13. NAME: Wm Winn Sr

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Elsa Grenfell

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): William Stokes 300 W. 28th St

18. BURIAL, CREMATION, OR REMOVAL: Charlotte Co Va Date 2-25 1938

19. UNDERTAKER (Address): Benson & Mundy 818 Lexington St

FEB 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1937 to Feb 22 1938

I last saw h[illegible] alive on Feb 21 1938. Death is said to have occurred on the date stated above, at 8:50 Am.

The principal cause of death and related causes of importance were as follows:

Endocarditis associated with rheumatic infection — Date of onset Dec 23 1937

Other contributory causes of importance: none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) W. Grant Bell M. D.

(Address) 354 W. Saratoga St

HEALTH DEPARTMENT—CITY OF BALTIMORE

28210--M 14256

CERTIFICATE OF DEATH 46-a

14256

Registered No. 22-2

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wilson

(a) Residence: No. 430 W. Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bell

6. DATE OF BIRTH (month, day, year): 2/26/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	45	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Sam

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Elizabeth

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: National Cemetery 2/25/38

19. UNDERTAKER: Peirson & Kemsley
(Address) 818 Linden Ave Balto

Huntington Williams, M.D.
Registrar.

FEB 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-22-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12-1937 to 2-22-1938.

I last saw him alive on 2-22-1938. Death is said to have occurred on the date stated above, at 10.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	1937 (?)
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-3-37

For what disease or injury? Carcinoma oesophagus

Name of operation Gastrostomy

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Woodward M. D.

(Address) Balto. City Hosp.

a 5

44257

F 44257

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hebrew Hospital St., 13 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Kerr

(a) Residence: No. 2130 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Sept 5 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Investor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Water Sports

10. Date deceased last worked at this occupation (month, day, year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Kerr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Lynch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mary E. Kerr 2130 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Jan 25 1938

19. UNDERTAKER (Address) Thos. F. Black 742 W. Lexington St.

Jan 24 1938 Registrar

B 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 8:30 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Spence M. D. Coroner

(Address) 1215 Hanover St.

V S 6

F 44258

44258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Harford Rd 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 52 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tomassina Cusimano

(a) Residence: No. 3012 Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Cusimano

6. DATE OF BIRTH (month, day, year) July 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Frederick Arena

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Tomassina Lamana

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Cusimano

(Address) 3012 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 25 1938

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Balto st.

20. DATE 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938 to Feb. 21, 1938

I last saw h[illegible] alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1/7/38
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. A. Tumpowsky M. D.

(Address) Medical Arts Bldg

✓ F 14259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. Helm
F. 14259

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Leslie Riesett

(a) Residence: No. 932 Poplar Grove St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Selma A. Riesett

6. DATE OF BIRTH (month, day, year) Jan. 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Riesett

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jennie Gundison

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Selma A. Riesett 932 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 2/26/38, 19

19. UNDERTAKER Leonard J Buck (Address) 5305 Harford Road

4 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23/38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. H. Cullen M. D. Coroner

(Address) 22 S. Eutaw St.

V S 6

E 14260

14260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 E. BALTIMORE ST. St. 26-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANNA M. NICKOL

If U. S. Veteran specify WAR .....

(a) Residence: No. 3501 E. BALTIMORE. ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MICHAEL J. NICKOL

6. DATE OF BIRTH (month, day, year) 5/29/1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) BALTO. MD.

FATHER

13. NAME PETER DOTTERWEICH

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT GOERGE NCKOL (SON)

(Address) 3501 E. BALTO. ST.

18. BURIAL, CREMATION, OR REMOVAL Place SACRED HEART. Date FEB. 26 38

19. UNDERTAKER Lilly & Kuiken Sons

(Address) 1350 Hanover St

20. FILED ..... Registrar.

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 . 1937 to Feb 22 . 1938

I last saw h[illegible] alive on 2-22 . 1938 Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	about 1yr.
Other contributory causes of importance: abdominal metastases	about 3 m.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John J Gould M. D.

(Address) 14 N. East ave

330395 ✓ F 44261

HEALTH DEPARTMENT—CITY OF BALTIMORE

44261

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 ✓ Ward) × 78

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Corrine Rutherford

If U. S. Veteran specify WAR .....

(a) Residence: No. Bolivar St., ... Ward. W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec-3-1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Richard Rutherford

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Emma Ballinger

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bolivar W. Va Date 2/24 1938

19. UNDERTAKER George L. Johnson
(Address) 7101 Frederick Ave.

20. FILED [illegible] Registrar.

41938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to Feb 24, 1938.
Last saw her alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 7:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidural Abscess	June '37
Empyema Thoracis	June '37

Other contributory causes of importance:

Was an operation performed? Yes Date of June, 1937

For what disease or injury? Abscess - empyema

Name of operation Laminectomy - Closed Thoracotomy

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

14262 F 14262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George E. Grimes

(a) Residence: No. 914 Pennsylvania Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie L. Grimes

DATE OF BIRTH (month, day, year) Oct. 7, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	13	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur hat manufacturer

10. Date deceased last worked at this occupation (month, day, year) 2/21/38

11. Total time (years) At: months) this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Elizabeth Brown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Margaret Grimes

(Address) 914 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 26 1938

19. UNDERTAKER Clayton Sons

(Address) Street Catonsville

Huntington Williams, Inc.

20. FILED

MAR 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938 to Feb. 23, 1938

I last saw him alive on Feb. 23, 1938 Death is said to have occurred on the date stated above, at 10:20 p m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

chronic myocarditis

Date of onset 2/15/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Brouillet M. D.

(Address) St. Joseph's Hospital

✓ F 44263

44263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 BROHAWN ave 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 56 yrs. ... mos. ... ds.

2. FULL NAME FRANK W NOWAK

If U.S. Veteran specify WAR ...

(a) Residence: No. 2510 BROHAWN St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

6a. If married, widowed, or divorced — HUSBAND of MARY NOWAK

6. DATE OF BIRTH (month, day, year) JUNE 5 1876

7. AGE — Years: 61 | Months: 8 | Days: 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BRIDGE TENDER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R.R. Co.
10. Date deceased last worked at this occupation (month and year): 1936
11. Total time (years) spent in this occupation: 40 YR

12. BIRTHPLACE (city or town) (State or country): POLAND

FATHER

13. NAME: IGNATIUS NOWAK
14. BIRTHPLACE (city or town) (State or country): POLAND

MOTHER

15. MAIDEN NAME: ALBERTINA SWARTZ
16. BIRTHPLACE (city or town) (State or country): POLAND

17. INFORMANT: MRS MARY NOWAK
(Address) 2510 BROHAWN

18. BURIAL, CREMATION, OR REMOVAL
St Stanislaus Date 2/26 38

19. UNDERTAKER: Stephen J Trulkowski & Son
(Address) 1000 S Bennett ave

20. FILED ... 19 ... Registrar

4 1938 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from JULY, 1935 to FEB 21, 1938

I last saw HIM alive on FEB 20, 1938. Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS ? CEREBRAL HEMORRHAGE	1935 2/, 38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? EXAM Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Edward J. Nolan, M. D.

(Address) 68 W Washington St

F 44264

M. D. H. 1268-9

1264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-10 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence A. Thornberg

(a) Residence: No. 3913-Boarman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonora (Montgomery)

6. DATE OF BIRTH (month, day, year) 7/25/1886

7. AGE Years	Months	Days	If LESS than 1 day or min.
51	6	26	~~1 day or hr. or min.~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Thornberg

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary (Curran)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Leonora Thornberg
(Address) 3913-Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/26/38 19

19. UNDERTAKER George C. Rutherford Inc.
(Address) 1705-Hanford Ave.

Filed 8/26/38 Huntington Wilkerson, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26/38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 Howard

F 44265

1265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5-72+a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene Mc Cardy

(a) Residence: No. 4501 Fairview Blvd St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harry B. McCardy

6b. DATE OF BIRTH (month, day, year) Oct. 4 - 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Jacob H. Krepps

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Ada Elder

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chambersburg Pa Date Feb 24 1938

19. UNDERTAKER Thos. J. Nethaway Sons Inc Pa.

(Address)

1938 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938, to Feb 24 1938

that I last saw her alive on Feb 24 1938 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia (chronic)	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Kemperdick M. D.

(Address) 4-H-Hosp

1266 E 11266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Norman Eaton

If U. S. Veteran specify WAR .....

(a) Residence: No. Pylesville, Md. St., ... Ward. .....

(If non-resident give city or town and State)

(b) Usual place of abode

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 4, 1935

7. AGE: Years 2 | Months 7 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stewartstown Pennsylvania

FATHER

13. NAME: Jerald Victor Eaton

14. BIRTHPLACE (city or town) (State or country): Stewartstown, Pennsylvania

MOTHER

15. MAIDEN NAME: Alice Morley

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): mother Pylesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Md Date: Feb 26 1938

19. UNDERTAKER (Address): H. Howard Hess Forest Hill Md

20. FILED ... 19 ... Registrar.

Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 23 1938 to February 24 1938

I last saw him alive on February 24 1938 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	2/19/38
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Harry S. Tyndall M. D.

(Address) Lyndenhurst Hosp.

Capello ✓ F 44267

44267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 70-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Capello

If U.S. Veteran specify WAR .....

(a) Residence: No. 3549 N. Frederick St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 21, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 hr	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Santiago Capello

14. BIRTHPLACE (city or town) (State or country) Philippine Islands

15. MAIDEN NAME Regina Wilson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Bon Secours Hospital

(Address) C. J. Lubinski M D

18. BURIAL, CREMATION, OR REMOVAL

Place Date 2/25/38

19. UNDERTAKER Joseph A. Fogarty

(Address) Fulton & Fayette

2 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to Feb 25, 1938

I last saw him alive on Feb 25, 1938 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 2/21/38

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/21, 1938

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home during delivery

Manner of injury Fell on bed during delivery with no one in attendance

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Lubinski M. D.

(Address) Bon Secours Hospital

4268

F 44268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2108 Westwood Ave St., 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Nathan Bernstein

(a) Residence: No. 2108 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Bernstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Bernstein (Wife)
(Address) 2108 Westwood Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 2-25- 1938

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Balto St.,

B. 2-25-1938 Huntingtop Williams, W.Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23- , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above. at 2.30 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arginal Carcinoma.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Nathan Krauer M. D.
Coroner

(Address) 1215 Hanover

V S 6

14269 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14269

30917--RHW

CERTIFICATE OF DEATH

46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Beverly

(a) Residence: No. 1132 Dorn St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 5/10/~~1880~~ 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~59~~ 47 ~~57~~	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Octavia Burrell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2/26/38

19. UNDERTAKER C. Holland
(Address) 914 Druid Hill Ave

20. FEB 25 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1938 to 2-22 1938

I last saw h[illegible] alive on 2-22 1938. Death is said to have occurred on the date stated above, at 9 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach with metastasis Pulmonary	
Broncho Pneumonia	2-19
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
no If so, specify .....

(Signed) E. A. Woodward Jr. M. D.

(Address) Balto City Hosp.

44270 F 44270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N. Washigton St. 7-5 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Ryjacek

(a) Residence: No. 831 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph John Ryjacek

7. DATE OF BIRTH (month, day, year) 1863

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER FATHER

13. NAME Joseph Trasik

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Uknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Anna Ryjacek 831 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/26/38 19

19. UNDERTAKER (Address) Charles E. Schimunek. 2603 E. Madison St.

20. FILED FEB 25 1938 Assistant William J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 37 to Feb 23, 38

I last saw her alive on Feb 22, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardiac Trouble	1/1/37

Other contributory cause of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) William J. Ryjacek M. D.

(Address) 801 N. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44271

4271

CERTIFICATE OF DEATH

10234 JS

34-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11 – Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Anderson

(a) Residence: No. 1221 Madison Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Anderson

6. DATE OF BIRTH (month, day, year) 8-22-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date Feb 26 1938

19. UNDERTAKER Adolphus Ford & Son
(Address) 1300 Druid Hill Ave.

20. FILED FEB 25 1938 ... 19... Registrar Huntington Walworth, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to February 22 1938

I last saw him alive on February 22 1938. Death is said to have occurred on the date stated above at 4.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lamballe M. D.

(Address) Baltimore City Hospitals

44272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44272

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S.Calhoun St St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgie A.Bennett

(a) Residence: No. 321 S.Calhoun St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George B.Bennett

7. DATE OF BIRTH (month, day, year) August 13,1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George R.King

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Stivers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Oliver B.Crouch

(Address) 321 S.Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Zion Cem. Dorsey Md Date Feb 25, 38

19. UNDERTAKER Pratt & Stricker Sts
(Address)

20. FILED FEB 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 38 to Feb 21 38, 19..... I last saw her alive on Feb 20 38, 19..... Death is said to have occurred on the date stated above, at 3.30 P.M

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset ?

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ..... (Signed) Dr. Greenhow

(Address) 329 Cathedral

Huntington, West Virginia

14273 E 14273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B CC

Registered No. 1572

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Bennett

(a) Residence: No. 501 W. Saratoga St., Ward. World War.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lucretia C. Bennett

6. DATE OF BIRTH (month, day, year) June 6 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Temple Westmoreland Co. Va.

FATHER

13. NAME John Bennett

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Sydnor
(Address) 501 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Feb. 25, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 3221 Schroeder St

Katie R. Williams, Reg.
Registrar

20. FILED FEB 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 17 1938
Other contributory causes of importance Acute Alcoholism	Days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 112 N. Howard St

F 14274 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14274

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 135 S. o. Bond St.) (3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Eliza Ison
(a) Residence: No. 135 So. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: C
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Ison
6. DATE OF BIRTH (month, day, year): 1896
7. AGE — Years: 41/42 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elberton Ga.

MOTHER
13. NAME: Alex McDuffy
14. BIRTHPLACE (city or town) (State or country): S. C
15. MAIDEN NAME: Laura Telemings
16. BIRTHPLACE (city or town) (State or country): S. C

17. INFORMANT: John Ison
(Address) 135 So. Bond St
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Cem. Date 2-25-, 1938
19. UNDERTAKER: Boggs & Harris & Wright
(Address) 2161 McCulloh St
Filed FEB 25 1938 19 Removal to Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-22, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 2-22, 1938
I last saw h[illegible] alive on 2-23, 1938 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	2/1
Cirrhosis of Liver	38
Other contributory causes of importance: Essential Hypertension	

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) [illegible]

4275

F 44275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B

Registered No. 24-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Loshan St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Harry Schepers

(a) Residence: No. 1341 Loshan St St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verna Schepers

6. DATE OF BIRTH (month, day, year) Dec 25 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2 1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dressing

10. Date deceased last worked at this occupation (month and year) Feb 38

11. Total time (years) spent in this occupation 20 y

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Peter Schepers

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Anna Von Leeuwen

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Verna Schepers (wife)

(Address) 1341 Loshan

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross cem Date Feb 25, 1938

19. UNDERTAKER Charles L Timms

(Address) 1912 Pont Ave

25 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to Feb 24, 1938

I last saw h.. alive on Feb 23, 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Endocarditis	4 day
Embolus	20 min
Other contributory causes of importance: Partial Obstruction of Intestines	4 d.

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F F Q Timms M. D.

(Address) 2878 Hartford Rd

14276 HEALTH DEPARTMENT—CITY OF BALTIMORE 14276

CERTIFICATE OF DEATH

105

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital St. 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fannie Llewellyn
If U. S. Veteran specify WAR

(a) Residence: No. 1115 Fulmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Llewellyn

6. DATE OF BIRTH (month, day, year): Dec 16-1901

7. AGE: Years 36 | Months 2 | Days 8 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Laurel Md

FATHER
13. NAME: Frank Powell
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Maranda Brooks
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Maranda Powell
(Address): Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Bacon a a/c. Date: 2/27 '38

19. UNDERTAKER: The W. Whilbo Co. Inc.
(Address): Laurel, Md.

Huntington Williams M.D.
Registrar

FEB 25 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-24 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, last saw deceased on (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Streptococci Pneumonia

Date of onset: 2/23/1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed: George [illegible] M. D.
Coroner

(Address): [illegible]

F 44277

4277 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422-4- Eden St. 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Callaway

If U. S. Veteran specify WAR .....

(a) Residence: No. 422-4- Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of ..... William .....

7. DATE OF BIRTH (month, day, year) 2-24-1878

7. AGE — Years: 59 | Months: 11 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Bland

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edna Williams

(Address) 422- N Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Leedsville Md Date Feb 26 1938

19. UNDERTAKER Robert E Williams

(Address) 15-18 McCulloh St

FEB 25 1938

[signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/38

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1938 to 2/22 1938

I last saw h[illegible] alive on 2/22 1938 Death is said to have occurred on the date stated above, at 10:45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/1/38
complicating with	
Effusion	2/15
and	

Other contributory (secondary) importance: Indefinite

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. R. Blake M. D.

(Address) 924 Fisquith St

F 44278

44278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md University Hospital St., 13-8 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emory E. Poe

(a) Residence: No. 3537 Buena Vista Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 16, 1924.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			
	14	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

13. NAME Edward J. Poe.

14. BIRTHPLACE (city or town) md.
(State or country)

15. MAIDEN NAME Esther D. Wiles.

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT Edward J. Poe.
(Address) 3537 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn. Date Feb 28, 1938

19. UNDERTAKER Edmonds & Son.
(Address) 3615-17 Eastern Ave.

FEB 25 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938, to Feb. 24, 1938

I last saw h[illegible] alive on Feb. 24, 1938. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebella abscess. Left ear	[illegible]

Other contributory causes of importance:

Otitis media. Left

Was an operation performed? Yes Date [illegible]

For what disease or injury? Cerebella abscess.

Name of operation Mast. Radical & Incision

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Stevens E Clayton M. D.

(Address) University Hospital.

F 44279

4279 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

CK--30724

54

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Froeder

(a) Residence: No. 113 S. Callender St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Froeder

6. DATE OF BIRTH (month, day, year) 10-24-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Semuson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westport Date 2/26/1938

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED FEB 25 1938 by Timmerman for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1938 to February 27, 1938

I last saw her alive on February 27, 1938 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-23-38

Other contributory causes of importance:

Hypertensive heart disease
Diabetes mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Reinhold M. D.

(Address) Baltimore City Hospitals

E 11280

11280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Exeter St 3-7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yr. — mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Maria Schiaffino

(a) Residence: No. 318 S. Exeter St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luigi Schiaffino

DATE OF BIRTH (month, day, year) Aug 26 1883,

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.	6. 5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Castagnoli

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Sbranelli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Schiaffino

(Address) 318 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 27, 38

19. UNDERTAKER Wendell & Hoppel

(Address) 1405 Eutaw St.

20. FILED Huntington Williams Registrar

25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938 to Feb 22, 1938

I last saw h e alive on Feb 22 1938 Death is said to have occurred on the date stated above, at 11 8. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene P. Cassagne M. D.

(Address) 514 Drury Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44281

CERTIFICATE OF DEATH

131 F 44281

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bolton Ave Hosp St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Holman

(a) Residence: No. 1023 Patapsco St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Holman

6. DATE OF BIRTH (month, day, year) June 14 1880

7. AGE: Years 58; Months 1; Days 10; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emmanuel Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bowers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. M. Turner

(Address) 113 E. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb 26 1938

19. UNDERTAKER Elizabeth Hale Funeral

(Address) 115 E. West St.

20. FILED ... Huntington Williams, M.D.

FEB 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1938 to Feb 24 1938

I last saw her alive on Feb 24 1938 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

Gangrene + cellulitis of the legs — Date of onset ?

Other contributory causes of importance: Uremia — Feb 21, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify

(Signed) Eugene R Lamb M. D.

(Address) 1006 Balto. Street

E 14282

HEALTH DEPARTMENT—CITY OF BALTIMORE

14282

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 16-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Burton

(a) Residence: No. 1115 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 20, 1938

AGE	Years	Months	Days	If LESS than 1 day, ? hrs. or ? min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mrs. Mount

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Thelma Burton

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date FEB 25 1938

19. UNDERTAKER Commissioner of Health
(Address) For H. A. Moore

20. FILED FEB 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10 P.M. Feb 20 1938, to 1 P.M. Feb 20, 1938

I last saw him alive on Feb. 20, 1938. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Estimated gestation 28 weeks.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. T. R. Burd M.D. M. D.

(Address) Univ. Hospital.

Q. 15 Coroner

1938 8 14 3802

F 14283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√34-C-42-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ewis Ames

(a) Residence: No. 926 McCulloh St., St Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Mar. 15/1903

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Wm. Ames

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Clara Rideout

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Autopsy Date: Feb 25 38

19. UNDERTAKER: Johns Hopkins Hospital
(Address) Baltimore, Md.

20. DATE RECEIVED: FEB 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Feb 22, 1938

I last saw him alive on Feb 22, 1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic incompetency } ? due to	
Aortitis } syphilis	
Myocardial insufficiency	Dec. 1, 1937

Other contributory causes of importance:
Paresis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) John A. Luetscher, jr. M. D.

(Address) Johns Hopkins Hospital

F 44284

44284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saeto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

Registered No. 877

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Warren

(a) Residence: No. 116 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Warren

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leander Cole

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Goss

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Salts. City Hospitals Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Feb 26 38

19. UNDERTAKER Adolphus Halsted

(Address) 6 E. Lexington St.

20. FILED Feb 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns on back and lower extremities	Feb 20, '38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 20, 1938

Where did injury occur? Infirmary City Hospitals (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury smoking pipe setting fire to clothing

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1714 N. Broadway

5 1938

VS 6

F 14285

14285 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

30763 JS

CERTIFICATE OF DEATH

Registered No. 348 - 11-5-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Anderson or Allison
If U. S. Veteran specify WAR

(a) Residence: No. 1712 Latrobe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 8-?-1887 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Griffin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Larene ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 26 1938

19. UNDERTAKER J. Adolphus Talbot
(Address) 1 W. Saratoga St.

20. FILED Mar 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1938 to 2-23 1938

I last saw her alive on 2-23 1938 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Hemorrhage	Jan 1938
Broncho pneumonia	2-10-38
Ludwigs angina	2-13-38

Other contributory causes of importance:

Was an operation performed? yes Date of 2-15-38

For what disease or injury? Ludwigs Angina

Name of operation Incision & Drainage

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward M. D.
(Address) Balto. City Hosp.

35 1938

F 44286

4286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Dallas St., 8-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George J. Hallameyer

(a) Residence: No. 1806 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hallameyer

6. DATE OF BIRTH (month, day, year) May 6 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Hallameyer

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Caroline Harding

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary E. Hallameyer
(Address) 1806 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Feb. 26 - 38

19. UNDERTAKER John H. Miller
(Address) 2334 Eutaw St.

20. FILED ..... 19 ..... Registrar.

FEB 25 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No (Date of .....)

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner
(Address) 1112 E. North Ave.

14287 E 14287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H-282-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W. Lexington St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John B. Yeatman

(a) Residence: No. 723 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert Yeatman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ann H. Bishop

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Shaffer

(Address) 1002 Willmington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date FEB 25 1938

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED FEB 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cereoral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) E. K. Cullen M. D.

(Address) 2757 Wyoming Ave.

M. D. B. 1268-9

F 14288

14288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Glenguyle Ave 27-20 Ward)

Length of residence in city or town where death occurred 39 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt. F. Diehl

(a) Residence: No. 3816 Glenguyle Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Emma F. Diehl

6. DATE OF BIRTH (month, day, year) Jan. 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Diehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Fournier

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Emma F. Diehl

(Address) 3816 Glenguyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 28 1938

19. UNDERTAKER Wm. H. Sugar Sons

(Address) North & Paines

5 1938

20. FILED Huntington Fallsway

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1937 to Feb. 25 1938

I last saw him alive on Feb. 24 1938 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	1 year ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms, signs & X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. F. Schmuck M. D.

(Address) 5310 Tioga Parkway

F 14289

4289) **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Hayward Ave. St., 7-18 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs. Anna Clark Owens Owens

If U. S. Veteran specify WAR

(a) Residence: No. 3704 Hayward Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Taylor Owens

6. DATE OF BIRTH (month, day, year) Jan. 19, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tampico (State or country) Md.

FATHER

13. NAME Wm. D. Clark

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eleanor Lay

16. BIRTHPLACE (city or town) Unk. (State or country)

17. INFORMANT Mr. George T. Thomas

(Address) 3704 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Brownstown, Md. Date Feb. 25, 1938

19. UNDERTAKER William J. Tyknor + Son

(Address) North + Pennsylvania Ave

20. FILED Feb 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 37 to Feb 25th 1938

I last saw h.. alive on Feb 25 th 1938 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Autopsy
Other contributory causes of importance: Senility	Autopsy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Tyknor M. D.

(Address) 4936 Park Ave. City

E 44290

1290 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 546 North Gay Street (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Rau

If U.S. Veteran specify WAR ...

(a) Residence: No. 546 North Gay Street (Ward)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Rau

6. DATE OF BIRTH (month, day, year): Feb 4 1868

7. AGE: Years 69 | Months | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany Scholldorf

MOTHER FATHER

13. NAME: Aug

14. BIRTHPLACE (city or town) (State or country): Ger

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Ger

17. INFORMANT (Address): Mrs Bertie Dohn 230 S Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Trinity Date Feb 26 38

19. UNDERTAKER (Address): John Ulbrich 2008 Orleans St.

FILED 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 37 to Feb. 22, 1938

I last saw h alive on Feb. 22, 1938 Death is said to have occurred on the date stated above, at 6 20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	not Known
Other contributory causes of importance: Acute Cardiac Dilatation	2.22.38

Was an operation performed? no Date of

For what disease or injury?

What (if confirmed) diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West st.

F 14291

4291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3207 Westwood Ave. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Mettle

(a) Residence: No. 5006 Ross Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May Mettle

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lilly Mae Mettle (Address) 5006 Ross Road

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Feb 27 35 19

19. UNDERTAKER John Ulrich (Address) 2008 Orleans St

20. FILED [illegible] Registrar

MAR 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide from Inhaling Illuminating Gas,	2/24/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2-24, 1938

Where did injury occur? 3207 Westwood Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In his store

Manner of injury Suicide Inhaling gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John N Crain M. D.
Coroner

(Address) Coroner

F 14292

HEALTH DEPARTMENT—CITY OF BALTIMORE

14292

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 E. Chase St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Sommer

(a) Residence: No. 2300 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar. 17. 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Sommer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Frances White

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Frances Sommer
(Address) 2300 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 3-28- 1938

19. UNDERTAKER Frank Mulhorne
(Address) 2422 E. Monument St.

20. FILED ... 19... Registrar.

MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1938 to Feb. 24 1938

I last saw h[illegible] alive on Feb. 24 1938. Death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bilateral Bronchial Pneumonia	7 D's

Other contributory causes of importance:

Generalized Arterio-Sclerosis
Cerebral Hemaphgia

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) Paul Lubin M. D.

(Address) 320 Patapsco Ave.

F 14293

14293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. 93-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Rohleder.

(a) Residence: No. 1122 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If widowed, HUSBAND of Sophie Rohleder.

6. DATE OF BIRTH (month, day, year) March 7, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis Rohlerer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Sauerwein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Clara Rohleder.(daughter)

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C & Co Date 2-28 1938

19. UNDERTAKER Bernard E. Hasler

(Address) 121 E. West St

1938 FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	
Accidental fall in cellar.	Dec. 4, 1937

Other contributory causes of importance: Coronary Thrombosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Dec. 4, 1937

Where did injury occur? 1122 Hanover St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fall in cellar.

Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

2/25/38 Address 1017 S. Charles St.

V S 6

F 44294

14294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Pronounced dead at the 22-1
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Louis Kleinnenn.

(a) Residence: No. 108 N. Conway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 71				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.
14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know
16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2-26 1938
Baltimore

19. UNDERTAKER Bernard C. Harle
(Address) 121 E Mad St

5 1938 Huntington Williams, M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto Reinhardt Coroner, M. D.
2/25/38 (Address) 1017 S. Charles St.

V S 6

14295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14295

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Roberts

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Roberts

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Mitchel

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT W. D. Roberts

(Address) Petersburg, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date 2/28/ 1938

19. UNDERTAKER Frances A Stamley

(Address) 538 W. Biddle St

Filed 1938 Williams, Registrar

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1908

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

(Address)

V S 6

F 14296

14296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Yourtha Brown (or) U. S. Veteran (Specify WAR .....)

(a) Residence: No. 3713 Oakenshaw Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 19, 88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John H. Bugh

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Yourtha G. Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Good R.N. (Address) NBGH

18. BURIAL, CREMATION, OR REMOVAL. Place Asbury Crem Date 2/28/38

19. UNDERTAKER Howard Brooks & Son (Address) Calhoun & Pratt Sts

20. FILED 1938 Huntington Williams, Registrar. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1938, to 2/24, 1938

I last saw he alive on 2/24, 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Asphyxia	
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Good M. D.

(Address) WBGH

E 4297

4297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. 21st. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Rosalie Dollenberg

If U. S. Veteran specify WAR

(a) Residence: No. 18 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred P. Dollenberg 1853

6. DATE OF BIRTH (month, day, year) Jan. 20, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mts.
90 85	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Anthony Brown

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Celeste Zuler

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Annette Frost

(Address) 18 E. 21st St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Mar. 1 19 38

19. UNDERTAKER John Burns' Sons

(Address) Towson, Md.

20. FILED 19

Registrar

26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 38 to Feb 26 19 38

I last saw him alive on Feb 25 19 38 Death is said to have occurred on the date stated above, at 2306 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
+ Cerebrovascular	
Other contributory causes of importance:	
Senile Gangrene	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 401 E 25th St

F 44298

4298 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 E. Chase St. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Rose R. O'Hara

(a) Residence: No. 930 E. Chase St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. O'Hara

6. DATE OF BIRTH (month, day, year) Dec 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year) 3/38

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

FATHER

13. NAME John McCarron

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Logue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Fagler

(Address) Middleborough, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 26, 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

19 Huntington Williams, Registrar

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1717 E. North Ave.

V 56

44299 ✓ F 44299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 E. Hoffman St. 9-9 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Richard Kay

(a) Residence: No. 1018 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cornelia Ellen

6. DATE OF BIRTH (month, day, year) Aug. 15. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Kay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nancy Cuddy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie M. Kay 1018 E. Hoffman St

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Whitz Hall Md Date Feb 26 '38

19. UNDERTAKER N. W. Perego & Bro

(Address) 1140 E. North Ave

20. FILED Feb 28 1938 Huntington Williams, N.J.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? — Date of

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

(Address) 1917 E. North Ave

Coroner

8 1938

Vs 6

F 44300

44300 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Mt Royal Ave Ward) 14-1

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR Yes

2. FULL NAME William R Powell

(a) Residence: No. 1624 Mt Royal Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (owner) rooster trade

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 37

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Arthur Mitchell Powell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Laura Taylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Powell

(Address) 1624 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Belle Haven Va Date Feb 27 38

19. UNDERTAKER Albert W Berryman

(Address) 4402 E North Ave

20. FILED 2 6 1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Feb 25 1938

I last saw him alive on Feb 25 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 1936

For what disease or injury? Carcinoma Pancreas

Name of operation ... Date of 4/1936

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John D Idinger M. D.

(Address) 2700 Hartford Ave

F 44301

44301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 11-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph G. Kunnecke

(a) Residence: No. Kenwood Ave. & Golden Ring Road, Raspeburg (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan G. Kunnecke

6. DATE OF BIRTH (month, day, year) Dec. 30th, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Plant

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Kunnecke

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Mary Fofenbach

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Susan G. Kunnecke

(Address) Raspeburg, Maryland R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date March, 1st. 38

19. UNDERTAKER Frederick Kuehn Sons

(Address) 7401 Belair Road

20. FILED ... 19... Registrar

Huntington Williams, M.D.

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24th. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... died on the date stated above.

The principal cause of death and related causes of importance were as follows: 10 55 pm

	Date of onset
Strangulated Hernia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. Hann Lee M. D. Coroner

(Address) 1215 Harpur

V 5 6

F 44302

14302 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M

Registered No. 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bryant Elroy Gore

(a) Residence: No. 409 Mott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Hanson Gore

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Rose Gore
(Address) 409 Mott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date Feb 27, 1938

19. UNDERTAKER John F. Gross
(Address) 1200 Shroud Ave

20. FILED 26 1938, 19 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Vertebra	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Feb. 15, 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto, walking in Street (900 Block E. Madison)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Scholtan, M. D.
Coroner

(Address) 2757 W. Lanvale

M. D. R. 1268-9

✓ F 44303

44303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 851 Lemmon St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Brown

(a) Residence: No. 851 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Preston Brown

6. DATE OF BIRTH (month, day, year) Mar - 12. 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4093

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

FATHER

13. NAME Wiss Key

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary ———

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Preston Brown

(Address) 851 Lemmon

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cal Cemetery Date 2/26, 19[illegible]

19. UNDERTAKER Walter Boone & Co

(Address) 1320 Druid Hill Ave

6 1938 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to Feb 22, 1938

I last saw h alive on Feb 21, 1938 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 15

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Frankel, M. D.

(Address) 1 [illegible] Lee

14304 F 44304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a CC

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) 22-1

Registered No. 8772

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Green

(a) Residence: No. 515 Bevans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Green

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME Joseph Sullivan

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Albert Green

(Address) 515 Bevans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/26 19 38

19. UNDERTAKER Walter B. Spry

(Address) 134 N. Gay St.

20. FILED 19

Registrar

6 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3 days
Other contributory causes of importance: Fracture Rt. right femur	3 days

Was an operation performed? Yes Date of Feb. 1938

For what disease or injury? Fracture femur

Name of operation Smith Peterson Nail Date of Feb. 25 38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 19, 1938

Where did injury occur? Street

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell on Street

Nature of injury Fracture Rt. right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 411 N. Gay St.

14305 ✓ E 14305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-1194-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Silver — If U. S. Veteran specify WAR No Record

(a) Residence: No. 3725 Boarman Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Fanna A. Silver

6. DATE OF BIRTH (month, day, year) Dec. 7, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hazelton Pa.

FATHER

13. NAME William Silver

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Honora McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Fanna Silver (Address) 3725 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Feb 28th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED ... 19... Registrar

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Thomas J. Silver~~	
Coronary Thrombus	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Ehrenberg M. D. Coroner

(Address) 1912 E. Northern Pkwy.

V S 6

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44306

82 a F 44306

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2928 Woodland Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Avery Donovan

(a) RESIDENCE NO. 2928 Woodland Ave St. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 8 mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 22/62

AGE	Years	Months	Days	IF LESS than 1 day 4 hrs. or ...min.
	76		3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister Gospel

(b) General nature of industry, business, or establishment in which employed (or employer) Preacher

(c) Name of employer M.P. Conference

9 BIRTHPLACE (city or town) Ellendale

(State or country) Del.

10 NAME OF FATHER Robert Donovan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ellendale Del.

12 MAIDEN NAME OF MOTHER Rachael Cendun

13 BIRTHPLACE OF MOTHER (city or town) Lincolnton

(State or country) Lincolnton Del

14 Informant Helen D Donovan

(Address) 2928 Woodland Ave

15 Burial Permit No. 261938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1938

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10 1934 to Feb. 25 1938

that I last saw him alive on Feb. 25th 1938

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema caused by Cardiac failure

(duration) 3 yrs, 4 mos. 27 ds.

CONTRIBUTORY (Secondary) Hemiplegia left side due to arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Union Mem. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herman R. Wantz, M. D.

2/25 1938 (Address) 2601 Manhattan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Seaford Del. Date of Burial Feby 27 1938

20 UNDERTAKER, John A. Mitchell Sons ADDRESS 1900 Eutaw St.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

44307

CERTIFICATE OF DEATH

93-c F 44307

1. PLACE OF DEATH Aged Mens Home 14-293 Registered No.

CITY OF BALTIMORE: (No. 1400 W. Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Robert D Lambdin

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Harvey

6. DATE OF BIRTH (month, day, year) Mar 2, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship builder Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth T. Cox
(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Mitchell Ky Date Feb. 27, 1933

19. UNDERTAKER John Underhill Sons
(Address) 1900 Eutaw Place

20. FILED FEB 28 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1928 to 2/25/1933

I last saw him alive on 2/25/1933 Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2/25
Chronic myocarditis for years.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Harris M. D.

(Address) 1115 St. Paul
213 Ridgewood Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

1308 1308 100

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. M. H. St., 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ~~Mr. Charles Galbreath~~ James Galbreath Rodgers, JR. If U. S. Veteran specify WAR No Records

(a) Residence: No. 5841 York Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Grace W. Rodgers

6. DATE OF BIRTH (month, day, year) June 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER FATHER

13. NAME James S. Rodgers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Grace W. Rodgers
(Address) 5841 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Forby Friends Burying Ground Date Feb 28th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/13/38, 1938, to 2/25, 1938

I last saw h. alive on 2/24, 1938. Death is said to have occurred on the date stated above, at 4:25 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset 2/25/38

Other contributory causes of importance:

Thrombophlebitis — 2/13/38 13 da.

Pulmonary infarcts — 13 da.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital

(over)

1309 E 41309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1729 Pennsylvania Ave St., 15-2 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lester David Wesley

(a) Residence: No. 1729 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John Wesley

6. DATE OF BIRTH (month, day, year) June 12 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Chadwick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Wesley
(Address) 1729 N. Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 28 1938

19. UNDERTAKER Thomas Scott
(Address) 1217 W. Baltimore St

Feb 26 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Feb 25, 1938

I last saw h. alive on Feb 24, 1938 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul B Jewett M. D.

(Address) 25 E Penna. Ave

E 44310

14310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph R. Davis

(a) Residence: No. 818 N. Fulton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Cora E. Davis

6. DATE OF BIRTH (month, day, year) Dec. 23, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc City Balto

10. Date deceased last worked at this occupation (month and year) 2/13/35

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Cora E. Davis

(Address) 818 N. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rockland Cem. Date Feb 28 1935

19. UNDERTAKER Wm Cook

(Address) 127 S. Paul St

20. FILED 2 28 1935 Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound of heart	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 2-24-1935

Where did injury occur? Edmondson Road & Fulton Ave Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Shot in chest with revolver

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnepfer M. D. Coroner

(Address) 1914 E. Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

311 — CERTIFICATE OF DEATH — 11311

Registered No. 170

1. PLACE OF DEATH: Maryland General Hospital
CITY OF BALTIMORE: (No.) St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME: Joseph A. Mallik
(a) Residence: No. 4309 Harcourt Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Sept 8th 1921

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	5	17	

OCCUPATION	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Scholar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At School
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER	
13. NAME	Alexander K Mallik
14. BIRTHPLACE (city or town) (State or country)	Austria

MOTHER	
15. MAIDEN NAME	Laura B. Creager
16. BIRTHPLACE (city or town) (State or country)	Fairfield Pa

17. INFORMANT: Laura B. Mallik
(Address) 4309 Harcourt Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 28th 1938

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.
Huntington Williams, M.D.
26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1938 to Feb 25, 1938
I last saw him alive on Feb. 25, 1938. Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	3 yrs ago
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 16 1938
For what disease or injury? Ulcerative Colitis
Name of operation Ileostomy
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. L. Edwards M. D.
(Address) Md. Gen'l. Hosp.

M. D. F. 1268-9

✓ F 44312

14312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 11-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital 1000 Caton Ave. City St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Mayfield

(a) Residence: No. 1320 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Fred Mayfield

6. DATE OF BIRTH (month, day, year) Dec 7th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jenkins Memorial Hospt
(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 28th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Pittsville Md
Registrar.

FEB 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1938 to February 25th 1938

I last saw h W alive on February 25 1938 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach C Generalized carcinomatosis	1937?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J Shimanek M. D.
(Address) St Agnes Hospital

✓ F 44313

4313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Brogan

(a) Residence: No. 756 E. Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Brown

6. DATE OF BIRTH (month, day, year) March 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Leonard Washington

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Alice Cannon

16. BIRTHPLACE (city or town) (State or country) Washington Co Md

17. INFORMANT Alice Washington

(Address) 134 E. Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Nat. Cemetery Date 2/28/38

19. UNDERTAKER Robert B. Young

(Address) 804 W. Lafayette St.

20. FILED Huntington Williams, Registrar.

26-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

detailed to said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral hemorrhage	Feb 24 1938
Other contributory causes of importance: Lobar Pneumonia	Feb 22 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1112 E. Fayette St.

4314

HEALTH DEPARTMENT—CITY OF BALTIMORE

4314

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George McNair

(a) Residence: No. 43 N Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (Mrs.) Della McNair
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Boy 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George McNair

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie Monroe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katie McNair
(Address) 1225 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/25/38

19. UNDERTAKER Thomas E. Kelson
(Address) 1618 Druid Hill Ave

20. FILED 2/26 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-38

22. I HEREBY CERTIFY, That I attended deceased from 2-17-38, 19... to 2-23-38, 19...

I last saw h... alive on 2-23-38, 19... Death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic abscess	2 days
Stricture of Penile & Prostatic urethra	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/23/38

For what disease or injury? Prostatic abscess

Name of operation Incision & drainage

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Jackson M. D.

(Address) Provident Hosp

14315 ✓ F 44315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-5 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Confort

(a) Residence: No. 1700 Latrobe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 26 1938

19. UNDERTAKER ...ner of Health
(Address) Per H. A. Moore

20. FILED 26 1938 By Arlington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Cereeral Hemorrnage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Nelson M. D. Coroner

(Address) 2757 W. Lafayette

26 1938

E

1316 F 41316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-1183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4, Pratt (Harbor) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME UnKnown

(a) Residence: No. UnKnown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, or REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 26 1938, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED Hilton Pelham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following. Accident, suicide or homicide? Accident. Date of injury ? 19

Where did injury occur? Balto. City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor Pier 4 Pratt St

Manner of injury Probably fell in Harbor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Orndorff Coroner, M. D.

(Address) 2257 N. Fremont

FEB 1938

USE 3553

1317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 1317

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. 31 108 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 2 da.

If U. S. Veteran specify WAR

2. FULL NAME ~~Louis~~ Joseph Firak (Local Laundry) 215-05-4479

(a) Residence: No. 532 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22- 1905

7. AGE: Years 32 | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Antoni Firak

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Mary Zabawa

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Firak (Mother)
(Address) 532 S Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Feb 28th 1938

19. UNDERTAKER George A Weber
(Address) 700 S Ann street

20. FILED 1938

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1938 to 2-25 1938

I last saw h. alive on 2-25 1938 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 18 38
Cardiovascular collapse	2 25 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Krol M. D.
(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44318

CERTIFICATE OF DEATH

F 44318

92-a

243

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 133 E. Cross St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Ehrt Rossman
If U. S. Veteran specify WAR

(a) Residence: No. 133 E Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Rossman

6. DATE OF BIRTH (month, day, year) Jany 5 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Griebell
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine (Don't Know)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Huber
(Address) 110 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Feby 28 1938

19. UNDERTAKER L. C. Covington
(Address) 21 N. Paca St.

FEB 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1937, 19..., to Feb 24/38, 19...
I last saw her alive on Feb 24/38. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 hrs
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry Boldt M. D.
(Address) 1203 Eutaw St.

Dr. H. B. Kolb
1203 Eutaw St

M. D. B. 1268-9

SOUKUP ✓

F 44319

F 44319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1-292-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Rose St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Soukup.

(a) Residence: No. 617 N. Rose St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Soukup.

6. DATE OF BIRTH (month, day, year) Dec. 5. 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.	3.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired (Formerly) Clerk)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Anna Soukup

(Address) 617 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Feb 28th 1938

19. UNDERTAKER Leonard Funeral Home

(Address) 2338 Eastern Ave.

FEB 26 1938 Registrar.

Clayton Wilhelm, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938, to Feb. 24, 1938

I last saw him alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease. Myocarditis.	3yrs ago

Other contributory causes of importance:

Name of operation: clinical findings Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent D. Doska, M. D.

(Address) 845 N. Patterson Park Ave

F 14320 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14320

CERTIFICATE OF DEATH

156 164-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 W. North Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Clifton Shanklin

If U. S. Veteran specify WAR World

(a) Residence: No. 2800 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Shanklin

6. DATE OF BIRTH (month, day, year) April 14, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Shanklin

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Sarah E. Goss

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Emma D. Shanklin
(Address) 2800 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hiss Memorial Date Feb. 28, 1938

19. UNDERTAKER H. S. Tuckner & Sons
(Address) Reisterstown, Md.

Filed 12 Registrar

6 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day and hour stated above, at 12-4 P.M.

The principal cause of death and related causes of importance were as follows: Coronary - Thrombosis Illuminating gas ?

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb. 25, 1938
Where did injury occur? in home 2800 W. North Ave. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Gas from kitchen stove
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Conner M. D. Coroner
(Address) 1210 Hanover

F 44321

44321

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300-E-32- St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 60 yrs. 0 mos. 0 ds.

2. FULL NAME Marie Louise Williamson If U. S. Veteran specify WAR NONE

(a) Residence: No. 300-E-32- St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Robert Williamson

6. DATE OF BIRTH (month, day, year) About 1861

7. AGE: Years: Abt 77 | Months: - | Days: - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Mr. Anderson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Mr Robt G Williamson - (Son)

(Address) 209 Tunbridge Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg - Penn Date Feb 27 - 38

19. UNDERTAKER: Stewart Mort Co.

(Address) 108 W Mt Royal Ave.

20. FILED ..... 19..... Registrar.

FEB 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Feb 25, 1938

last saw her alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis & Chronic nephritis	1934
Other contributory causes of importance: Coronary thrombosis and bronchial pneumonia	3 days.

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify —

(Signature) Jno. Anderson M. D.

(Address) 846 W Lafayette Ave

1

4322 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44322

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lola Kimble

(a) Residence: No. 3001 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St. Joseph's Hospital

(Address) Baltimore Maryland

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem Date 2/2d 1938

19. UNDERTAKER John J. Tobey Funeral Home

(Address) 31 & Loggat St.

20. FILED 1938 Registrar

FEB 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Jan 23, 1938

I last saw h... alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 7 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Multiple Abscesses	1 mo

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-21-38

For what disease or injury? Abscess of Arm

Name of operation Incision & Drainage of Abscess

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp

14323

HEALTH DEPARTMENT—CITY OF BALTIMORE

14323

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Augusta St. Ward) 5-2

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Thomas

(a) Residence: No. 500 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Thomas

6. DATE OF BIRTH (month, day, year) — 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Daniel Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Stevenson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruby Thomas

(Address) 659 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkley Heights Date Feb 27th 1938

19. UNDERTAKER Ehrop & Wilson

(Address) 1000 Brantley Ave

Huntington Williams, N.Y.

8 26 1938

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1938 to 2-23 1938

I last saw him alive on 2-23 1938 Death is said to have occurred on the date stated above, at 8:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Embolism	2/23/38
Other contributory causes of importance: Acute Lobar Pneumonia	2/10/38

Was an operation performed? — Date of

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Calley M. D.

(Address) 550 Augusta St

F 44324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Washington

(a) Residence: No. 1036 Arlington ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-1900 (38)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME LeRoy Washington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Payne

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 28 1938

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Hanley Ave.

20. FILED FEB 26 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Feb 20, 19..

I last saw h.im alive on Feb 11 50 PM. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (pyelonephritis)	?
Pyonephrosis, right.	?
Uremia	Feb 1, 38

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 19, 38.

For what disease or injury? Ureteral obstruction.

Name of operation Cystotomy.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Luetscher, Jr. M. D.

(Address) Johns Hopkins Hospital

44325 V.S. E 44325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-6 X 23

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert McBride

(a) Residence: No. ..... St., ... Ward. Chance, Maryland. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 24, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 1-8-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Chance, Md.

MOTHER FATHER

13. NAME Robert McBride

14. BIRTHPLACE (city or town) (State or country) Chance, Md.

15. MAIDEN NAME Esther Gale

16. BIRTHPLACE (city or town) (State or country) Chance, Md.

17. INFORMANT Records- U.S.Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Beale Island Date Feb. 26 1938

19. UNDERTAKER Mrs. Francis A. Regester (Address) 518 A Bridge St. Williamsport, Md.

20. FILED FEB 27 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937, to February 26, 1938

I last saw him alive on February 26, 1938 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, pneumonic	Jan. 1937
Tuberculosis, acute, disseminated	"

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-23-37 & 11-30-37

For what disease or injury? Tuberculosis

Name of operation Pneumothorax artificial

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H L Wollenweber M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/S

Norval Leffert

E 44326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X157-D

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 1 ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norval Leffert

(a) Residence: No. 218-1/2 E Madison St. St. Ward. (If non-resident give city or town and State) Westminster Md

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/27/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Norval Leffert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Esther Blum

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2/28/38

Place Briders

19. UNDERTAKER H. Bankard & Son

(Address) Westminster Md

20. Filed FEB 27 1938 Registrar for Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1938 to Feb 26 1938

I last saw him alive on Feb 24 1938 3:30 p.m. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia + Hydrocortes	Feb 14 1938
Pyelitis due to B. coli	"
Septicemia due to B. coli	"
	Over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M. Hovland M. D.

(Address) Johns Hopkins Hospital

F 44327

44327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Calvert St. 11-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles C. Evans

(a) Residence: No. 611 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edith Evans

6. DATE OF BIRTH (month, day, year) April 10th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Mail Carrier

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1910	10

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME John W. Evans

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Webb

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Isaac B. Evans

(Address) 611 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown N.Y. Date Feb 27th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.....

FEB 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to Feb 26 1938

I last saw h[illegible] alive on Feb 25 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Degenerative Heart Disease	
2 Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44328

CERTIFICATE OF DEATH

51-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 26-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Strong

(a) Residence: No. 1349 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Aug-10-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wm Strong

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Devish Baldin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Mch 1- 38

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED FEB 27 1938 Clinton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1937, to Feb 26, 1938
I last saw him alive on Feb 26, 1938 Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of adrenal	Exact
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) John M Hartland, M. D.

(Address) Johns Hopkins Hospital

14329 HEALTH DEPARTMENT—CITY OF BALTIMORE 14329

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 S. Decker ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George N. Kissner

(a) Residence: No. 1120 S. Decker ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Kissner

6. DATE OF BIRTH (month, day, year) Feb. 20-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George N. Kissner, Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMANT Anna C. Kissner
(Address) 1120 S. Decker ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date March 1938

19. UNDERTAKER George W. Zinkle
(Address) 1737 E. Eager St.

20. FILED FEB 27 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938, to Feb 26, 1938.

I last saw him alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-24-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James B. Tatlow M. D.

(Address) 3N. Highland Ave

44330 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44330

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Highwood Drive St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph T. Elliott

(a) Residence: No. 720 Highwood Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary A Elliott

6. DATE OF BIRTH (month, day, year) July 27-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Elliott

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary A. Elliott

(Address) 720 Highwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 1, 1938

19. UNDERTAKER Geo. W. Zickler

(Address) 1337 Eager St.

20. FILED MAR 1 1938 Milwaukee, Wis. 19

Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and saw the deceased alive, held an Inquest (Inquest, Autopsy or Inquiry) thereon and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1914 E. North Ave.

44331 HEALTH DEPARTMENT—CITY OF BALTIMORE F 44331

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Roslyn Ave St., 15-8 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daisy Rebecca Benhoff

If U. S. Veteran specify WAR

(a) Residence: No. 2401 Roslyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 23, 1880

7. AGE: Years 57 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Belt Cleaning Works

10. Date deceased last worked at this occupation (month) Feb (year) 1938

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Benhoff

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Rebecca Walber

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Charlotte Wheatley
(Address) 2206 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Bal. Co. Date Feb 28 1938

19. UNDERTAKER: George W. Dibbler
(Address) 1737 E. Eager St

20. FILED 19 Registrar.

Feb 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938 to Feb. 25, 1938

I last saw her alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 13 1938
Other contributory causes of importance: Cerebral Embolism	Feb 24, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joshua A. Brunscoat M. D.

(Address) Woodlawn Md

4332 F 44332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 541 N. Lakewood Ave. St. 7-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Bauernschub

(a) Residence: No. 541 N. Lakewood Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Bauernschub

6. DATE OF BIRTH (month, day, year) Nov. 22-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Bauernschub
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Bauernschub
(Address) 541 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 28 1938

19. UNDERTAKER John E. Miller
(Address) 2334 Jefferson St.

FILED FEB 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Feb 24 1938
I last saw ..... alive on Jan 24 1938 Death is said to have occurred on the date stated above, 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis & Myocarditis	1 yr
Cerebral Hemorrhage	1 day
Other conditions causes of importance	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward Lentz M. D.
(Address) 2530 E Baltimore

✓ F 44333

4333 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Gardner

If U. S. Veteran specify WAR

(a) Residence: No. 645 W. Redwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Andrew Gardner

(Address) 109 Welcome Al.

18. BURIAL, CREMATION, OR REMOVAL

St Stephens Howard Co. 2/27/38

19. UNDERTAKER James A. Joyce

(Address) 1712 N. Gilmor St.

RECEIVED 19 Registrar

B 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

V 50

14334 F 14334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 N. Calvert St. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Keyser

(a) Residence: No. 2625 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Keyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Preiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. Futzel,
(Address) American Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Lincoln Cy. Date Feby. 28, 38

19. UNDERTAKER Edward Sondheim, Sons
(Address) 1902 Eutaw Place.

20. FILED FEB 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 26 1938

I last saw her alive on Feb 26 1938 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - colon (see other side)	1yr
Other contributory causes of importance: Bronch. pneumonia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

14335 ✓ E 44335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2816 Frederick ~~St~~ Ave 40-b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward David Sheets
If U. S. Veteran specify WAR No Record

(a) Residence: No. 2816 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. J. Heinz Co
10. Date deceased last worked at this occupation (month and year) 1/38
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Edward D. Sheets
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Ida May Boblitz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alex Hammer
(Address) 2816 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 1st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 27 1938 Registrar. Williams N.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938 to Feb 26, 1938
I last saw him alive on Feb 25, 1938 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Jan 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Elliot W. Johnson M. D.
(Address) 5432 Radnor Ave

4336 F 44336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Pearl St. 4 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonia Cammarata

If U. S. Veteran specify WAR No Record

(a) Residence: No. 119 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Rosario Cammarata

6. DATE OF BIRTH (month, day, year) about 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenico Fedela

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marianna ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Charles Cammarata

(Address) 119 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 28th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED [illegible] 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1938 to Feb. 25, 1938

I last saw him alive on Feb. 25 1938. Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	2/25/38
Other contributory causes of importance:	
Generalized Arteriosclerosis	uncertain

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. D. Pizzanelli M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 14337

44337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5317 Ready Ave St. 27-18 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Ellsworth Snyder

(a) Residence: No. 5317 Ready Ave St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emily Snyder

6. DATE OF BIRTH (month, day, year): May 6, 1862

7. AGE: Years 75 | Months 4 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Body Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md Dairy Co

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Henry Snyder

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Annie Kaufman

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Emily Snyder

(Address) 5317 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL: Interment Date 2/28, 1938

19. UNDERTAKER: J. M. Cook

(Address) 1217 E. Fort Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 37 to Feb. 26, 38.

I last saw him alive on Feb. 26, 1938. Death is said to have occurred on the date stated above, at 10 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 24, 38
Other contributory causes of importance: Cancer of Urinary Bladder	Oct 27, 37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Earl H Pearson, M. D.

(Address) 5111 York Rd.

14338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14338

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida M. Surgeo If U. S. Veteran specify WAR ... Record

(a) Residence: No. 2301 Cabertown Heights Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Chas Robert Surgent

6. DATE OF BIRTH (month, day, year) Sept 24-1874

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME Richard M Bryan

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Anna R. Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Chas R Surgent 2301 Cabertown Hgts

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 3/4/38

19. UNDERTAKER (Address) William Cook 1217 St Paul St

20. FILED ... Registrar

3-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1938 to Feb 26, 1938 last saw h[illegible] alive on Feb. 26, 1938 Death is said to have occurred on the date stated above, at 12 00 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia grave	8 days ago
Other contributory causes of importance: Diabetes mellitus	12 yrs ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Lewis M. D.

(Address) Fed Men's Hospital

14339 HEALTH DEPARTMENT—CITY OF BALTIMORE 14339

CERTIFICATE OF DEATH 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 27-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S Veteran specify WAR

2. FULL NAME Myrtle Dungan

(a) Residence: No. 2812 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: RUSBAND of (or) WIFE of Walter Dungan

6. DATE OF BIRTH (month, day, year) Sept 17 1900

7. AGE: Years 37; Months 10; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George H Leibold
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura Mason
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter Dungan (Address) 2812 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL Pl. Fairmount Date 3/1 38

19. UNDERTAKER Wilbur Cook Co (Address) 1217 E Fayette St

20. FILED 19 (Clerk) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 26 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb - 15 . 1938 to Feb - 26 . 1938

I last saw her alive on Feb - 26 - . 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	? March 1937
Congestive Heart Failure	March 1937
Cerebral Hemorrhage	Feb 1937

Other contributory causes of importance: Bronchopneumonia Feb 17-1937

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sinai Hospital M. D.

(Address) Sinai Hospital

F 44340

4340-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Barasch

(a) Residence: No. 1438 Braddish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Barasch

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kirah Barasch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hiah Siva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Barasch (Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 2/27/38

19. UNDERTAKER Jos. Louis Inc (Address) 1139 E. Baltimore St

20. FILED 2 27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Ahlenbeck Coroner, M. D.

(Address) 1919 E. North Ave.

F 44341

44341 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 28-2107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4101 Kathland Ave (Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Cohen If U. S. Veteran specify WAR

(a) Residence: No. 4101 Kathland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mordecia

6. DATE OF BIRTH (month, day, year)

7. AGE: 86 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sarah Rudo

(Address) 4101 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Kindred Hill Rd Date: Feb 27 1938

19. UNDERTAKER: Jack Lewis Inc

(Address) 1439 E Baltimore St

20. FILED ... 19... Registrar.

FEB 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/24/38, 19... to 2/26/38, 19...

I last saw her alive on 2/26/38 9p m. Death is said to have occurred on the date stated above, at 9p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/24/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 2020 Eutaw Pl

14342 E 14342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Barnes

CITY OF BALTIMORE: (No. ..... St., 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Thomas B. Futcher

If U. S. Veteran specify WAR

(a) Residence: No. 1204 Underwood St., 2d Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hilliard

6. DATE OF BIRTH (month, day, year) Jan 1 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 25 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) St Thomas Canada

FATHER

13. NAME Thomas Futcher

14. BIRTHPLACE (city or town) (State or country) St Thomas Ontario Canada

MOTHER

15. MAIDEN NAME Susan Northwood

16. BIRTHPLACE (city or town) (State or country) St Thomas Ontario Canada

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Feb 28 1938

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) 14 E. Eutaw St. Baltimore Md.

20. FILED Feb 27 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1938 to Feb 25 1938

I last saw him alive on Feb 25 1938. Death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 2/25/38

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Brennan M. D.

(Address) Johns Hopkins Hosp.

Feb 27 1938 IL

F 44343

14343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 W. Preston St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Alston Dulany

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 W. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	white	widowed

5a. ~~Married~~, Widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Walter Dulany

6. DATE OF BIRTH (month, day, year) May 21 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Point N. Y.

FATHER

13. NAME Dr. James Simons

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

MOTHER

15. MAIDEN NAME Mary Gittings

16. BIRTHPLACE (city or town) (State or country) Bacto Neg

17. INFORMANT Mrs. John A. Baker Jr. (Address) 7 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Feb 28 1938

19. UNDERTAKER Henry W. Jenkins Sons Co. (Address) McCulloh-Oakland Sts.

20. FILED Feb 27 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1924 to Feb 26 1938

I last saw h~~e~~r alive on Feb 25 ..... 1938. Death is said to have occurred on the date stated above, at 2 a. ..m.

The principal cause of death and related causes of importance~~, other than~~ as follows:

	Date of onset
Arterio Sclerosis	1927
Cerebral Hemorrhage	Dec 37
Impacted Urethral Calculus	1 day
Uremia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Bloomfield M. D.

(Address) .....

FEB 27 1938

D. Gazette Warrington Pa.

F 14344

14344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grafton Dulaney

(a) Residence: No. 7 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of March 25, 1881

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter Dulaney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eleanor Simons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. J.A. Barker (Address) 7 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Feb 28th 1938

19. UNDERTAKER Henry W. Jenkins & Sons Co (Address) Baltimore, Md.

2-27 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Head	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Suicide Date of injury Feb. 25, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self with Pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address) 2757 West Coroner

U S 6

14345 F 14345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 307 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael E. Cullinan

If U. S. Veteran specify WAR

(a) Residence: No. 501 Lyndhurst St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Cullinan,

6. DATE OF BIRTH (month, day, year) July 15. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Postal Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Stephen Cullinan,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mahon,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna L. Cullinan,
(Address) 501 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 1 1938

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

20. FILED FEB 27 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26. 1938

22. I HEREBY CERTIFY That I attended deceased from February 15. 1938. to February 26. 1938

I last saw him alive on February 26. 1938. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Acute Exacerbation of Chronic Nephritis — Date of onset 2-23-38

Other contributory causes of importance:

Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irene P Klemtoushe, M. D.

(Address) Md Gen Hosp

F 14346 HEALTH DEPARTMENT--CITY OF BALTIMORE F 14346

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 704 S Desoto Ave. 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Brown.

(a) Residence: No. 704 S Desoto Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 25 - 38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adolph Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Prymas.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Helen Prymas.
(Address) 704 S Desoto Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Feb 28 1938

19. UNDERTAKER Fred W. Ozog & Wroten
(Address) 1930 Eastern Ave.

20. FILED Feb 28 1938 Registrar.

Feb 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1938 to Feb. 25 1938.

I last saw him alive on Feb. 25 1938 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity Birth
Asphyxia Neonatorum

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Simonds M. D.

(Address) 2579 Eastern Ave.

1347 F 44347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Walbrook Ave. St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Claude V. D'Unger

(a) Residence: No. 3028 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie M. D'Unger

6. DATE OF BIRTH (month, day, year) September 29, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing & Stationery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 2045

10. Date deceased last worked at this occupation (month and year) Feb. 17, 1938

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Golden Hill Maryland

FATHER

13. NAME Dr. Robert D'Unger

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME ? Keene

16. BIRTHPLACE (city or town) (State or country) Golden Hill Maryland

17. INFORMANT (Address) Mr. Robert M. D'Unger 92 Egerton Rd., Arlington, Mass.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Feb. 28 1938

19. UNDERTAKER (Address) J. M. Lamborn 1005 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

FEB 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/13/38, 19 ..., to 2/24/38, 19 ...

I last saw him alive on 2/24/38, 19 ... Death is said to have occurred on the date stated above, at 3.10A m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease & Pulmonary Edema & Lobar Pneumonia (Type II)

Date of onset .....

Other contributory causes of importance:

Anaemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jno. P. Byrne, M. D.

(Address) 3045 E. North Ave.

F 44348

4348 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ X 117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene Gosnell

(a) Residence: No. Granite Baltimore Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male Wh	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L. Gosnell

6. DATE OF BIRTH (month, day, year) Dec. 5 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Court house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Edward E. Gosnell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret V[illegible]n Zumbrun

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Agnes L. Gosnell
(Address) Granite Md

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem Date Feb 28 1938

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED 19 [illegible] Registrar

3 27 1938

V S 6-

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Gastric Ulcer	?
Other contributory causes of importance: Seconddary Anemia	?

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D. Coroner

(Address) 1822 W. Baltimore St.

F 44349

44349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hos'p St., 26-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roger W. Selway

(a) Residence: No. 5105 Anthony Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Selway

6. DATE OF BIRTH (month, day, year) June 19,1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME J.W.E.Selway

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary F. Fisher

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Lena Selway 5105 Anthony Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/28/38

19. UNDERTAKER (Address) Leonard Hartsfield 6305 Harford Ave

20. FILED FEB 27 1938 Harrington Williams, Registrar

FS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the 25th day of Feb 1938, and that I have viewed the remains of said deceased person; that I have obtained the following information from (Inquest, Autopsy or Inquiry) and find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amputation of Right Leg	
Other contributory causes of importance:	

Was an operation performed? Yes Date 2/24/38

For what disease or injury Amputation of Right Leg

Name of operation Amputation Date of 2/24/38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 2/25/38

Where did injury occur? P.R. Yards - Canton
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell off train (freight)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schaefer, M. D.

Coroner

(Address) 1912 E. North Ave

F 44350

44350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. 27-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert H. Trageser

If U. S. Veteran specify WAR World War

(a) Residence: No. 2755 Chesterfield Ave., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Pfaller Trageser

6. DATE OF BIRTH (month, day, year) May 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) 1-24-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Trageser

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Sommers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 2/8/38

19. UNDERTAKER Leonard J. Buck
(Address) 530 E. Harford St.

20. FILED 2/27/1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1938 to February 25, 1938 or last saw him alive on February 25, 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (adenocarcinoma) of ascending colon	1937
Perforations, multiple, ileum	2-15-38
Peritonitis, generalized	2-15-38
Other contributory causes of importance:	
Pneumonia, hypostatic, bilateral	terminal

Was an operation performed? Yes Date of see other side

For what disease or injury? Cancer and secondary anemia

Name of operation see other side

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) I. B. W. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/5

F 44351

44351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 Guilford Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ramond Quinlin If U. S. Veteran specify WAR

(a) Residence: No. 2417 Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24th 1937

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	2	2d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Quinlan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Wolford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Albert Quinlan

(Address) 2417 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 28th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed FEB 28 1938 by Williams, M.D.

VS 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/24/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address)

F 44352

4352 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Dorchester Rd. St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Becker

If U.S. Veteran specify WAR ...

(a) Residence: No. 4015 Dorchester Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Becker

6. DATE OF BIRTH (month, day, year) June 25, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry C. Middendorf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Nicolai

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Sophie M. Becker 4015 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 2/28/38

19. UNDERTAKER Koerner & Son

(Address) 805 W. Calvert St.

2/28 1938 (Registered)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2-38, 19 to 2/26/, 1938

I last saw her alive on February 26 1938 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Acidosis	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ✓ Date of injury ✓, 19✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm E Love M. D.

(Address) 2211 Eutaw Place

E 44353

44353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp. (St.) 10-2 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Stout Haupt

(a) Residence: No. 30 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence C. Haupt

6. DATE OF BIRTH (month, day, year) 9-7-1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Stout

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Charlotte King

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Clarence C. Haupt 30 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 3/1/38

19. UNDERTAKER (Address) Margaret B. Flynn 1422 Light St.

20. FILED 3-2-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1938 to 2-27-1938

I last saw h[illegible] alive on 2-27-1938 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia and meningitis	2-25-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp.

14354

F 44354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 E. Eager St St., 10-2 Ward)

Length of residence in city or town where death occurred 28Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Frances Sullivan

If U.S. Veteran specify WAR

(a) Residence: No. 1243 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-17-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61Yrs.	11Mo.	9Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Eugene Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Shea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mary M. Welsh 1243 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Washington D.C Date March 2 1938

19. UNDERTAKER (Address) Henry Stoecker & Son Inc 1301 E. Eager St

20. FILED Washington Williams M.D. Registrar

MAR 02 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1938 to 2/26 1938

I last saw her alive on 2/26/38 Death is said to have occurred on the date stated above, at 4.45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Myocarditis	
Cerebral Embolis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Fittman M.D.

(Address) 1308 E. Chase St.

44355 E 44355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Patterson Park Ave. Ward) 1-5

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME URSULA S. McDORMAN

(a) Residence: No. 124 S. Patterson Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rufus A. McDorman

6. DATE OF BIRTH (month, day, year) June 8.1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

FATHER

13. NAME Philip Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Philip McDorman (SOn)
(Address) 124 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date Feb.28.1938
Place
HENRY SANDER & SONS. INC.
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED FEB 28 1938 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23. 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 19 38 to Feb 26 19 38
I last saw h.. alive on Feb 26 19 38 Death is said to have occurred on the date stated above, at 1.45a. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
	over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo F. Winachi M. D.

(Address) 126 S. Patterson Pk Ave.

VS 3

F 44356

1356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 N. Pearl St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 37 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Concetta Serio

(a) Residence: No. 2337 N. Pearl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Geochhino Serio

6. DATE OF BIRTH (month, day, year) Mar. 10. 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Lanfantino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Libuto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Augustus A. Serio

(Address) 648 N. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place NEW CATHEDRAL Date MARCH 1st 1938

19. UNDERTAKER Frank Della Vale

(Address) 522 N. Monroe St.

20. FILED ..... 19.... Registrar.

FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby. 27 1938 to Feb. 26 1938

I last saw h.e alive on Feb. 26 1938 Death is said to have occurred on the date stated above, at 12.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930
Arterio Sclerosis	2/24/38
Other contributory causes of importance:	
Acute Bronchitis	2/25/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

14357 F 14357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Monell Park Ave 7-5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gayle Elizabeth Heider

If U. S. Veteran specify WAR .....

(a) Residence: No. 1701 Monell Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Henry J. Heider

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Gayle Elizabeth Agans

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Henry J. Heider
(Address) 1701 E. Monell Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Feb. 28, 1938

19. UNDERTAKER George L. Schmit.
(Address) 5101 Frederick Ave.

FILED ..... 19..... Registrar.

FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 2/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/29/38, 19..., to 2/26/38, 19...

I last saw him alive on 2/26/38, 19... Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. H. Cole, M. D.

(Address) 4 N Fulton

14358

F 44358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Baltimore Eye Ear Throat Hospital

CITY OF BALTIMORE: (No. 1214 Eutaw Place W. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma Brents Anderson

(a) Residence: No. 1214 Myrtle Avenue W. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Brown

6. DATE OF BIRTH (month, day, year) Augis, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Augusta (State or country) Georgia

FATHER

13. NAME Henry Collie

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Mattie Rose Collie

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date 2-28 19 38

19. UNDERTAKER William A Jackson
(Address) 916 Pat Ave

20. FILED 19 Registrar

B 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 19 38 to Feb 25 19 38

I last saw her alive on Feb 25 19 38 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma with Hepatic. Metastasis	Unknown
	about 2 yrs
Other contributory causes of importance: Syphilis	Unknown

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Flavius Tennules Jr M. D.

(Address) 1214 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44359

CERTIFICATE OF DEATH

✓159 F 44359

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Kandel

(a) Residence: No. 2345 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-25-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry Kandel

14. BIRTHPLACE (city or town) (State or country) Manchester, England

MOTHER

15. MAIDEN NAME Goldie Rudick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Goldie Kandel
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 2/28/38

19. UNDERTAKER Jack Levy Inc
(Address) 1434 E. Balto St.

FEB 28 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-25-38. 19 to 2-27-38. 19

I last saw her alive on 2-27-38. Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Kaeduer M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44360 : CERTIFICATE OF DEATH 50 F 44360

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Oak Ford St. Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Lenn

(a) Residence: No. 2118 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Lenn

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Chait

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lenn

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Lenn

(Address) 2118 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/28/ 1938

19. UNDERTAKER Jos. L. Levy Sons

(Address) 1432 E Baltimore St

20. FILED FEB 28 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1938 to Feb 27 1938

I last saw her alive on Feb 27 1938 10P m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of R Breast	
Extension to lung and	year
General metastasis	1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 1932

For what disease or injury? Carcinoma Breast

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Ashhurst M. D.

Address 101 W Penn Baltimore Md

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44361

CERTIFICATE OF DEATH

V 95-B F 44361

F 44361

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 E Baltimore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ellsworth Brown

If U. S. Veteran specify WAR

(a) Residence: No. 3023 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine E Brown

6. DATE OF BIRTH (month, day, year) June 27 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month, day, year) 2/26/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Catherine Brown (Address) 3023 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place WESTERN CEM Date MARCH 2 1938

19. UNDERTAKER John Ulford (Address) 2006 Orleans St

20. FILED FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/38

22. I HEREBY CERTIFY, That I attended deceased from 1-4- 1938, to 2-26 1938

I last saw him alive on 2/25 1938. Death is said to have occurred on the date stated above at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronar failure — Date of onset: year

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, how?

(Signed) H. H. Spencer M. D.

(Address) 1125 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44362

CERTIFICATE OF DEATH

✓ 93-e F 44362

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 N Carolne St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman Henry Wellage

If U. S. Veteran specify WAR

(a) Residence: No. 1604 N Carolne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Anna Dierkes Wellage

6. DATE OF BIRTH (month, day, year): Sept 18 1852

7. AGE: Years 85 | Months 5 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Joint

10. Date deceased last employed at this occupation (month and year): 1917

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Adalide Wellage

(Address) 1604 N Carolne St

18. BURIAL, CREMATION, OR REMOVAL: Lorrain Park Date Mar. 38

19. UNDERTAKER: John Ulrich

(Address) 2008 Aliceanna St

20. FILED FEB 28 1938 Wm. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/27/38

22. I HEREBY CERTIFY, That I attended deceased from 1/22/38, 19 to 2/27, 19 38

last saw h alive on 2/26/38 at 7:20 a.m. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3y
Other contributory causes of importance: Pulmonary Edema	10d

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Gray M. D.

(Address) 614 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 44363

F 44363

REGISTERED NO. _____

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 823 Pierce ST. 17 WARD)

2—FULL NAME Blanche L. Montbray

(a) RESIDENCE NO. 823 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A. A.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/9/15

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
22	22	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Domestic 0070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clifton Montbray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Irene Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. Irene Montbray

(Address) 823 Pierce St

15 Filed FEB 28 1938, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1938

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1928, to 2/24, 1938

that I last saw h[illegible]alive on 2/24, 1938

and that death occurred, on the date stated above, at 2:25 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Casey L. Johnson M. D.

, 19 (Address) [illegible] Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Feb. 28 1938

UNDERTAKER Mrs. Geo. A. Holland

ADDRESS 1631 Druid Hill Ave.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44364 ✓108 F 44364

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 W. Cullob ST., 14-3 WARD)

2-FULL NAME Louise English

(a) RESIDENCE NO. 2003 W. Cullob ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	21	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Burt English

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Lillie Flowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Pearl Padgett

(Address) 2003 W. Cullob St

FEB 28 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 · 38

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to Feb 24, 1938, that I last saw her alive on Feb 24, 1938, and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Coba Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Phys. Exam

What test confirmed diagnosis?

(Signed) W. A. Berry M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Feb 28 1938

UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

F 14365

14365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 284 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna L. Baker

(a) Residence: No. 4506 Frederick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Henry L. Baker

6. DATE OF BIRTH (month, day, year) Aug 17 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. @ Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME John H. Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

15. MAIDEN NAME Anna Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Dr. Charles V. Baker

(Address) 4506 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 28 1938

19. UNDERTAKER H. B. Kippet & Son

(Address) 300 Eutaw Place

ISSUED Feb 28 1938 Harrington Williams, Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1938

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came attended by said (Inquest, Autopsy or Inquiry) to death on the day stated above.

1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	
II Sepsis	
Lung Abscess Probably	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Cramer M. D. Coroner

(Address) 215 Fidelity

F 44366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 10

F 44366

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Romaine Himes

If U. S. Veteran specify WAR

(a) Residence: No. Patapsco Park, Brooklyn, Md Ward. a. d. Loc.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Albert Himes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bernice Pickens

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mother

(Address) Patapsco Park

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Feb. 28. 38

19. UNDERTAKER Mrs. George H. Holland

(Address) 631 Druid Hill Ave

20. FILED ... 19 ...

FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26- 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25- 1938 to 2-26- 1938

I last saw h[illegible] alive on 2-26- 1938 Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal diphtheria	2-22

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Murashelstein M. D.

(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44367 CERTIFICATE OF DEATH ✓ CEK--29974 F 44367

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Blount or Lula Thompson If U. S. Veteran specify WAR

(a) Residence: No. 702 W. Lafayette Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Blount

6. DATE OF BIRTH (month, day, year) 7/12/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Andre Thomas

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Amanda Humphrey

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cemet. Date Feb 28 1938 Marlot

19. UNDERTAKER Elroy O Wilson
(Address) 101 Brantingham

20. FILED FEB 28 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1938 to 2-27 1938

I last saw h.e alive on 2-26 1938. Death is said to have occurred on the date stated above, at 5:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Woolwine M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14368 14368

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose May Erlein

If U. S. Veteran specify WAR

(a) Residence: No. 933 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Erlein

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Spraro

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother
(Address) 933 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Mar 1, 1938

19. UNDERTAKER Edgar W. Chatlin & Son
(Address) 924 Eager St.

20. FILED FEB 28 1938 Huntington Williams, M.D. Registrar.

V83

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1938 to 2-27-1938

I last saw her alive on 2-27-1938 Death is said to have occurred on the date stated above, at 9:48 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2-1-38
Intercurrent bronchopneumonia	2-7-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Wagheste M. D.
(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14369 14369

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Filbert St., Curtis Bay 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jimmie M Reddish

If U.S Veteran specify WAR

(a) Residence: No. 1617 Filbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Purnell E. Reddish

6. DATE OF BIRTH (month, day, year) Nov 2 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor work at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Emilius Robbins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emmelina Checkels

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Purnell E Reddish
(Address) 1617 Filbert st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 1 1938

19. UNDERTAKER William M Mareck
(Address) 2610 Light St

20. [illegible] Williams, M.D.
Registrar

FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-15, 1937 to Feb-18, 1938

I last saw h[illegible] alive on Feb-18, 1938 Death is said to have occurred on the date stated above, at 3:30 p m

The principal cause of death and related causes of importance were as follows:

Pneumonia Arterio-Sclerosis
Heart Block
Chronic Nephritis
E Cardiac decompensation

Date of onset Dec-15, 37

Other contributory causes of importance:

Was an operation performed? not Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not

If so, [illegible]

(Signed) Paul Lubin M. D.

(Address) 920 Patapsco ave

44370 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44370

CERTIFICATE OF DEATH

Registered No. ✓69

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 27-4 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Lenta

(a) Residence: No. 3210 Echodale ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Schiled

6. DATE OF BIRTH (month, day, year) 7-24-1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Fritz Lenta

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Bertha Poole

16. BIRTHPLACE (city or town) (State or country) Mt Airy Md

17. INFORMANT Fritz Lenta
(Address) 3210 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/1/28 19

19. UNDERTAKER Leonard J Roach
(Address) 5301 Harford Rd.

20. FILED FEB 28 1928 Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1928

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Feb 27, 1928.

I last saw h.. alive on Feb 27, 1928. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - Cerebellar Abscess	4 Mo.
	over
Other contributory causes of importance:	
Hereditary Anemia	4 mo

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Brailler M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41371

CERTIFICATE OF DEATH

× 34-131

Registered No. 4

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ....yrs. 2 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Cecil Ellis

(a) Residence: No. 1110 Iowa Ave. St., ... Ward. Muscatine, Iowa (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Oct. 22, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 12-12-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Joliet, Illinois

FATHER

13. NAME Edward James Ellis

14. BIRTHPLACE (city or town) (State or country) North Wales

MOTHER

15. MAIDEN NAME Isabelle Ackerman

16. BIRTHPLACE (city or town) (State or country) Eldora, Iowa

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Marys, Hampden Date March 1 1938

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 252 E. North Ave.

20. FILED ..... 19.... Registrar.

FEB 28 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1937 to February 25, 1938

I last saw him alive on February 25, 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary,	unknown
Tabes dorsalis	unknown
Nephritis, chronic, glomerular	1 year
Other contributory causes of importance: Pneumonia lobular, bilateral	terminal

Was an operation performed? yes Date of 12-29-37

For what disease or injury? For diagnosis

Name of operation Spinal Puncture

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

VS 3

14372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard H. Buckman

(a) Residence: No. 2401 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Buckman

6. DATE OF BIRTH (month, day, year) Oct, 22 1878.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Buckman

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Grace Buckman

(Address) 2401 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/2 1938

19. UNDERTAKER Richard F. Gourley

(Address) 700 E North Ave.

20. FILED Mar 2 1938 Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 25

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Martin Warren M. D.
Coroner

(Address) 1822 W. Baltimore ST.

Mar 28 1938

14373

HEALTH DEPARTMENT—CITY OF BALTIMORE

14373

CERTIFICATE OF DEATH

94-a

Registered No. 27-20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6312 Wallis Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Klotsch

If U. S. Veteran specify WAR

(a) Residence: No. 6312 Wallis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie R. Klotsch

6. DATE OF BIRTH (month, day, year) Feby. 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Supply

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Klotsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret E. Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. R. Klotsch,
(Address) 6312 Wallis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Mch. 1, 1938

19. UNDERTAKER Harris Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED 2 28 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1938 to Feb. 26 1938

I last saw him alive on Feb 26 1938. Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1/25/38
Other contributory causes of importance: Hypertension. Cardio Vasc. Renal	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis D. Gillis M. D.

(Address) 20 E. Preston St.

14374

HEALTH DEPARTMENT—CITY OF BALTIMORE

14374

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Eisler St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Bush

If U. S. Veteran specify WAR

(a) Residence: No. 630 Eisler St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Bush

6. DATE OF BIRTH (month, day, year) Sept. 26, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. Meredith

14. BIRTHPLACE (city or town) (State or country) Kent Island Md.

MOTHER

15. MAIDEN NAME Victoria Watts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Victoria Meredith

(Address) 624 W. Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 2 1938

19. UNDERTAKER Joseph A. Lieb

(Address) 1408 W Mount Street

20. FILED FEB 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to Feb 26, 1938

I last saw her alive on Feb 25, 1938 Death is said to have occurred on the date stated above, at 3.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 18
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) John W. Gaines M. D.

(Address) 765 S. Paca St

44375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1607 B 44375

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. gen. Hosp. St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Hupfer BOY

If U. S. Veteran specify WAR

(a) Residence: No. 154 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 27/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 3 ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME FRANCIS HUPFER

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME CRUESTINE L. BODE

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT FRACIS HUPFER. (FATHER)
(Address) 154 N. MILTON AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date FEB. 28/38

19. UNDERTAKER Lilly & Zeiler Son.
(Address) 23 S. WOLFE ST.

20. FILED FEB 28 1938 Huntington Hawkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938 to Feb. 27, 1938

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia - Still-born	2/27/38

Other contributory causes of importance:

Breech presentation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis V. Mann, M. D.

(Address) South Balto. gen. Hosp.

Spec.—1-30—M. & T.—250 Bks

F 44376

44376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Patapsco St. ST., 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Becker.

(a) RESIDENCE NO. 1023 Patapsco St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~ widowed, or ~~DIVORCED~~ of) WIFE of Emanuel C. Becker

6 DATE OF BIRTH (month, day, and year) November 18, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Killian Bauer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Johanna Helland.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Emma Rentz. (daughter)

(Address) 1023 Patapsco St.

15 FEB 28 1938, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1938

17 I HEREBY CERTIFY, That I attended deceased from February 15, 1938 to February 26, 1938

that I last saw her alive on February 25, 1938

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas about

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

2/26 1938 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 3/1 1938

20 UNDERTAKER Eliz Harle Jr.

ADDRESS 1115 E Monument

Ruppel

14377 HEALTH DEPARTMENT—CITY OF BALTIMORE 14377

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 E Oliver St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George Ruppel

(a) Residence: No. 2123 E Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lena Mary Ruppel

6. DATE OF BIRTH (month, day, year): Dec. 22. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Nicholas Ruppel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marian Pleisinger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Lena Mary Ruppel 2123 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL: Place Carnton Cem. Date 2-1-38

19. UNDERTAKER (Address): Chas. H. Wellington 2435 E. Williams St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-26-1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1937 to February 26 1938

I last saw him alive on February 24, 38 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1937
Chronic Interstitial Nephritis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert G Singewald M. D.

(Address) 1213 E. North Ave.

B 28 1938

14378 5 / 3427 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14378

CERTIFICATE OF DEATH

35-a

1. PLACE OF DEATH

Registered No. 3853

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1222 N. Central ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-27-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Wilmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 3/2 1938

19. UNDERTAKER Joseph D. Lock Jr.

(Address) 302 Jefferson St.

20. FILED ..... 19..... Registrar.

FEB 28 1938 Huntingtown Calvert, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938 to Feb 26, 1938

I last saw her alive on Feb 26, 1938 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis, secondary to	Feb. 21
gonorheal salpingitis	Oct. 1937
Lobar pneumonia	Feb 24

Other contributory causes of importance:

Was an operation performed? yes Date of Feb. 24, 1938

For what disease or injury? Generalized peritonitis

Name of operation Exploratory laparotomy with drainage

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank J. Ottenstock, M. D.

(Address) Johns Hopkins Hospital

44379 F 44379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Hess

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Ward. Jessup Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Shopman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1903

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Churchill Queen Annes Co. Md.

FATHER

13. NAME James B. Hess

14. BIRTHPLACE (city or town) (State or country) Harford County Md

MOTHER

15. MAIDEN NAME Annie Friel

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT James B. Hess - brother

(Address) Grasonville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Grasonville Md. Date 3/1/38

19. UNDERTAKER John J. Carey & Son

(Address) 1318 Light St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) February 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 21 1938. to February 28 1938.

I last saw him alive on February 28. 1938. Death is said to have occurred on the date stated above at 1:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Aubrey M. D.

(Address) Temple Court Apts 34th & Guilford

F 44380

44380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Washington Blvd. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes V. Clark

(a) Residence: No. 1203 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late William L. Clark

6. DATE OF BIRTH (month, day, year) Oct 5, ~~1863~~ 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~81~~ 74	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housw work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Florence M. Young
(Address) # 1203 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem Date Mar 1st 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED 1938 Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937 to Feb. 26, 1938

I last saw h. alive on Feb. 26, 1938 Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2/22/38

Other contributory causes of importance:
Hypertensive Cardio-Vascular Disease.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. A. Lemmelle M. D.

(Address) Medical Arts Bldg

F 44381

HEALTH DEPARTMENT—CITY OF BALTIMORE

1381 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 Mc Henry St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie C. Burns

(a) Residence: No. 764 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late William S. Burns

6. DATE OF BIRTH (month, day, year) Feb 18, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Schramm
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Schramm
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stanley Cronise
(Address) # 764 Mc Henry Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 2nd, 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED 1938 H. Livingston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to Feb 26, 1938

I last saw h[illegible] alive on Feb 26, 1938. Death is said to have occurred on the date stated above, at 10.15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis.	0 Yrs.
Other contributory causes of importance:	
None	

Was an operation performed? None Date of

For what disease or injury? None

Name of operation none.

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. Livingston Williams M. D.
(Address) 988 N. Eutaw St.

44382

HEALTH DEPARTMENT—CITY OF BALTIMORE

44382

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospt St., 19-3 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Robert J Mackey

If U. S. Veteran specify WAR

(a) Residence: No. 1303 W Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rosa A. Mackey

6. DATE OF BIRTH (month, day, year) Apr 15, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1935

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York

FATHER

13. NAME John Mackey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Rosa A. Mackey
(Address) 1303 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cem Newport News, Va. Date 3/2/38

19. UNDERTAKER John J Cowan & Son
(Address) 901 Hollins St

20. FILED 2 28 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-20-37 to 2-27-38

I last saw h.. alive on 2-27-38 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Primary)	?
Other contributory causes of importance: Metastasis to Sacrum	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, state how

(Signed) W Carr M. D.
(Address) St. Agnes Hospital

F 44383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-F 44383

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Maryland Ave St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Burton Davis

If U. S. Veteran specify WAR

(a) Residence: No. 2403 Mayrland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-26-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8 7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Amos J. Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Jarvis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Howard S. Davis

(Address) 2403 Maryland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 3-1 1938

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED ... Registrar.

MAR 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938 to Feb. 26, 1938

I last saw him alive on Feb. 26 1938 Death is said to have occurred on the date stated above, at 11 a, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2/20/38
Other contributory causes of importance:	
Cardiac failure	2/24/38

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? usual Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George H Kipp M. D.

(Address) 3030 Edmonson ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44384

CERTIFICATE OF DEATH

53-C F 44384

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 702 W. Lake Ave. St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice A. Long

If U. S. Veteran specify WAR

(a) Residence: No. 702 W. Lake Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne May Morris

6. DATE OF BIRTH (month, day, year) Oct. 25, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Ely G. Long

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Elizabeth Eck

16. BIRTHPLACE (city or town) (State or country) --

17. INFORMANT Mr. J. C. Boyd Jr.
(Address) 105 Taplow Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cincinnati, Ohio Date 3/1/38 19

19. UNDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED 2 [illegible] 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1930 to Feb 27 - 1938
I last saw him alive on Feb 27 - 1938 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Fibro-Sarcoma of the Brain	Nov. 37
Other contributory causes of importance:	
Fibro sarcoma - left leg with metastases to the lung	aug 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Lewis J. Gay M. D.

(Address) 1114 St. Paul St.

F 44385

HEALTH DEPARTMENT—CITY OF BALTIMORE

14385

CERTIFICATE OF DEATH

95-B

Registered No. 12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Southway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph W. CROOK.

(a) Residence: No. 211 Southway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 27, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	~~11~~ 5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonding

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Harry CROOK

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ellen BARLETT

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Charles E. CROOK.
(Address) 211 Southway.

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeland Cemetery Date Mar ... 1938

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N. Calvert St.

20. FILED ... Registrar.

MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937 to February 27, 1938

I last saw him alive on February 27, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic & Hypertensive Cardiovascular Disease	10 yrs. ago
Cerebral Hemorrhage	2/25/38
Other contributory causes of importance: Broncho Pneumonia	2/27/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. Raymond Peters, M. D.

(Address) 1127 N. Calvert St.

E 14386

14386 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5300 Reisterstown Rd St. 28-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Emma V Storms

(a) Residence: No. 5300 Reisterstown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John R Storms

6. DATE OF BIRTH (month, day, year) July 5 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Town Maryland

FATHER

13. NAME William J Stultz

14. BIRTHPLACE (city or town) (State or country) Union Town Maryland

MOTHER

15. MAIDEN NAME Ann Williams

16. BIRTHPLACE (city or town) (State or country) Union Town Maryland

17. INFORMANT Mrs Norma Frankhouser
(Address) 5300 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL Union Town Md Date March 1938

19. UNDERTAKER D H Amoss
(Address) 1303 N Gaith St

20. FILED Huntington Williams, Mgr
MH

MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1936 to Feb 26 1938

I last saw h alive on Feb 26 1938. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis + Endocarditis	?
Ch. Nephritis	
Other contributory causes of importance: Acute Uraemia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas F Jones M. D.

(Address) 200 E. Fayette

V F 14387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

14387

27-10

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5219½ York Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hilda S. Thiele

(a) Residence: No. 5219½ York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. J. Thiele

6. DATE OF BIRTH (month, day, year) June 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Harry King

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Virginia McClelland

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Fred. J. Thiele 5219½ York Road

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 3/1/1938

19. UNDERTAKER (Address) C. Vernon Lemmon 4611 Park Heights Ave.

20. FILED FEB 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1938 to 2-26, 1938. Death is said I last saw her alive on Feb. 26, 1938, at 4 a m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Influenza & Pneumonia — Date of onset 2/21

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 4710 Liberty Ht.

✓ F 44388

44388 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

178-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 20/10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .

2. FULL NAME Warner Dedder

(a) Residence: No. 603 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME W. H. Dedder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Dillman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT W. J. Dedder

(Address) West Friendship, Howard Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va. Date March 2, 1938

19. UNDERTAKER A. Howard Evans

(Address) 1406 Eutaw St

20. FILED March 2, 1938 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison	
(Illumination Gas.)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Feb. 27, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Unlit Burner in Gas Stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Horsley Coroner, M. D.

(Address) 27 Saratoga

2 8 1938

11

4389 E 14389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St. Agnes' Hospital, 12-6
CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward A. Morton — If U. S. Veteran specify WAR

(a) Residence: No. 2 E. 25th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret T.

6. DATE OF BIRTH (month, day, year) Jan 31 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER
13. NAME John C. Morton
14. BIRTHPLACE (city or town) (State or country) Irisna

MOTHER
15. MAIDEN NAME Catherine St. Ledger
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Allen J. Morton
(Address) 2 E 25th

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. 2/2 38

19. UNDERTAKER Geo. A. Fabian
(Address) Baltimore & Fayette

20. FILED Huntington Williams Nott
2 8 1938 D 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25-1938 to 2-26-1938
I last saw him alive on 2-26-1938. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	2-24-38
Hypertensive Cardiovascular Renal Disease	10 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shimanek M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

14390 14390

CERTIFICATE OF DEATH

66-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2775 W. Northdale St.) (5-6 Ward)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Walter

(a) Residence: No. 2775 W. Northdale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry C. Walter

6. DATE OF BIRTH (month, day, year): Dec. 12, 1878

7. AGE: Years 59 | Months 2 | Days 14 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Henry Hughes

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Nellie

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Henry M. Walter 2 Ken Burnie Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date Mar 1 38

19. UNDERTAKER (Address): Wm Fletcher Sons & Hayes

FEB 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Feb. 27, 1938

I last saw her alive on Jan. 25, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset .....

Contracted Hypertrophy

Arteriosclerosis

Cerebral Hemorrhage

Other contributory causes of importance: Hypertension

Was an operation performed? Yes Date of Jan 1938

For what disease or injury? Toxic Adenoma Thyroid

Name of operation Thyroidectomy

What test confirmed diagnosis? Not Obt Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) William P. Lineburg M. D.

(Address) 2624 N. Charles St.

44391 E 44391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Shaffer Richardson

If U. S. Veteran specify War No Record

(a) Residence: No. 2659 Lulany St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pearl R. Richardson

6. DATE OF BIRTH (month, day, year) March 14, 1888 Bis

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Standard Gas Appliance Co Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Robert Richardson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Loma Jackson

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Pearl Richardson

(Address) East Port Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 2nd, 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

MAR 1 - 1938

(Date received) Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) F. H. Mullin, M. D. Coroner

(Address) 2 E Lexington

OCCUPATION is very important. See instructions on back of certificate.

V S 8

F 44392

44392 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Fanett Ave St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Meek If U. S. Veteran specify WAR Civil War Record

(a) Residence: No. 2512 Fanett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie L. Meek

6. DATE OF BIRTH (month, day, year) Feb 14th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	5 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William W. Meek

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Kidd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Annie L. Meek

(Address) 2512 Fanett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 2nd 1938

19. UNDERTAKER W. J. Cook

(Address) 1219 E. Pratt St

20. FILED Nov 2 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheatley M. D.
Coroner

(Address) 1412 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

44393 E 44393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-7-38 Ward)

Length of residence in city or town where death occurred Probably 20 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? 70 yrs. 8 mos. 14 ds.

2. FULL NAME Duncan Lyle — If U. S. Veteran specify WAR NONE

(a) Residence: No. Muchlenbergh School, Catty (Usual place of abode) Balto Co Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June-16-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Instructor McDonogh

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (City or town) Rock Bridge Co. (State or country) Va

FATHER

13. NAME Lauderdale Wood Lyle

14. BIRTHPLACE (city or town) Unknown ? (State or country)

MOTHER

15. MAIDEN NAME Margaret Rhoades

16. BIRTHPLACE (city or town) Rockbridge Co. (State or country) Va

17. INFORMANT W. M. Stivers (friend) (Address) Baldwin.

18. BURIAL, CREMATION, OR REMOVAL Place McDonogh School, McDonogh Md. Date April 4 1938

19. UNDERTAKER Stivers Mortuary Co. (Address) Reisterstown Md

20. FILED ..... 19.. (Registrar) Williams, R.

APR 1 - 1938 Hennighan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28- 1938

22. I HEREBY CERTIFY That I attended deceased from 2-27- 1938 to 2-28-38 19..

I last saw h. alive on 2-28- 1938 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lt Side Heart Failure	1 wk
Due to Arteriosclerotic Heart Disease.	
Other contributory causes of importance: Acute Pulmonary Edema	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Robert H. Silver M.D.

(Address) Union Memorial Hospital

4394 F 44394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Neu

If U.S. Veteran specify WAR

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): July 9 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Godz Neu

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Frances Newman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr L. Sonnenschein

(Address) 230 Main St. Orange, N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cem. Date March 1/38 19

19. UNDERTAKER: Stewart & Mowen Company

(Address) 108 W. North Ave.

MAR 1-1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-27- 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28 to Feb 27 38

I last saw her alive on 2/27/38 19 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Cerebral Hemorrhage	1 dy
Dementia Pre Coy	55 yrs
Arteriosclerosis	7 yrs
Gastritis	5 Mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel P. Magen M. D.

(Address) 3326 Pittsfield Ave

44395 Cammerata F 44395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 2-7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vincent Commareta

(a) Residence: No. 6307 Harford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cammerata

6. DATE OF BIRTH (month, day, year) July 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker 608

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jos. Cammerata

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Natala Insarra

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Cammareta

(Address) 6307 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date March 5, 1938

19. UNDERTAKER Frank V. Pipistone

(Address) 2217 E. Baltimore St.

20. FILED [illegible], 19 [illegible], Registrar

APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 225 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 44396

44396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 1577

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1705 S. Decker Ave. St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kolewinski

(a) Residence: No. 1705 S. Decker Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ ~~WIFE of~~ wife Joseph Kolewinski

6. DATE OF BIRTH (month, day, year): 1868

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: Max Katafsnay

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Joseph Kolewinski

(Address) 1705 S. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 3/3 (38)

19. UNDERTAKER: John Standa

(Address) 221 Hudson St

20. FILED MAR 1 - 1938 H. Livingston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis, hours — Date of onset

Other contributory causes of importance: Cerebral Hemorrhage, 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1112 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

F 44397

44397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 140-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah M. Berry

(a) Residence: No. 1502 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sherman Barry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margeret Rust

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Margaret Berry

(Address) 1502 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 1, 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 1343 Presstman st

20. FILED 19 Registrar

MAR 1 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Broncho Pneumonia	

Other contributory causes of importance:

Abortion (Probably Self Induced

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) E. K. Kelson M. D.
Coroner

(Address) 2757 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

14398 E 14398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St., 29-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Lee

(a) Residence: No. Chestertown, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

FATHER

13. NAME Marion Lee

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

MOTHER

15. MAIDEN NAME Myrtle Johnson

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

17. INFORMANT Father (Address) Chestertown Md

18. BURIAL, CREMATION, OR REMOVAL Place Church Hill Md. 2/25/38.

19. UNDERTAKER Wilmer A Goode (Address) Church Hill Md.

FILED MAR 1 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1938 to 2-24-1938

I last saw him alive on 2-24-1938 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	13 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

V53

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44399 CERTIFICATE OF DEATH √ 131 F 44399

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Baker St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 20 yrs. ..... mos. ..... ds.

2. FULL NAME Abe Eliasn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1610 N. Baker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Eliasn

6. DATE OF BIRTH (month, day, year) 9-15-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Eliasn
(Address) 1610 N. Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/1 1938

19. UNDERTAKER Cook Funeral Home
(Address) 1237 E. Baltimore St

MAR 1 1938 Huntington Williams M.D. Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Feb 28 1938

I last saw him alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Nephritis (Chr. Interstitial)	1936
Cerebral Hemorrhage	2-28-38

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. Highstein M. D.

(Address) 2726 Penna av.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14400

CERTIFICATE OF DEATH

9

F 14400

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhorn Hospital St. 2-3 Ward)

Length of residence in city or town where death occurred ..yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME marguerite Pederson

(a) Residence: No. 1711 aliceanne St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) march 9 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) baltimore maryland

FATHER

13. NAME richard pederson

14. BIRTHPLACE (city or town) (State or country) baltimore maryland

MOTHER

15. MAIDEN NAME marguerite sheppard

16. BIRTHPLACE (city or town) (State or country) baltimore maryland

17. INFORMANT mother
(Address) 1711 aliceanne St.

18. BURIAL, CREMATION, OR REMOVAL
Place sacred heart Date March 8th 1938

19. UNDERTAKER F. Sander Sons Inc
(Address) 1710 Eden St

Huntington Williams NP
Registrar.

MAR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5 1938 to February 28 1938

I last saw her alive on February 28. 1938 Death is said to have occurred on the date stated above at 10 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma Interstitial pneumonia.	1/15/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry J. Zimbel M. D.

(Address) Lyderhorn Hospital

OCCUPATION is very important. See instructions on back of certificate.

V63

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44401

F 44401

CERTIFICATE OF DEATH

141-1726

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Handschuh

(a) Residence: No. Cherry Hill & Old Annapolis Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Handschuh

6. DATE OF BIRTH (month, day, year) May 28 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. Thomas Kuhn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa A. Kuhn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Andrew Handschuh Cherry Hill & Old Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date March 2 1938

19. UNDERTAKER (Address) Manuel Sykes 600 W. North Ave

20. FILED MAR 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1938 to Feb 26 1938

I last saw her alive on Feb 26 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-26-38
Failure	
Hepatic Insufficiency	2-25-38

Other contributory causes of importance: ~~Post Partum abortion~~ Premature birth. Stillborn.

OK. H. Hanna M.D. Coroner

Name of operation Ventral Herniorrhaphy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) G. T. Battaglia M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

Edith O White

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44402 — CERTIFICATE OF DEATH — 1144-B — F 44402

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Edith O. White

(a) Residence: No. 211 S. Stricker St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry E. White

6. DATE OF BIRTH (month, day, year) July 20, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Strouse

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cornelia Goodbar

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry White

(Address) 211 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 2 1938

19. UNDERTAKER Roth C. & B. M. Walter

(Address) Pract. Stricker & S

20. FILED Mar 1 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Uterus	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 20, 1938

For what disease or injury? Hemorrhage from Detached Placenta Feb. 20

Name of operation Hysterectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. R. Carlson, M. D.

Coroner

(Address) 237 Wilson

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44403

CERTIFICATE OF DEATH

59

F 44403

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary K Snyder

(a) Residence: No. 1101 Scott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Henry Snyder

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Farmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Sadler

(Address) 3025 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date March 3, 1938

19. UNDERTAKER Ambrose J. Doe

(Address) 1011 W. Cross St.

20. FILED [illegible] Huntington Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1938 to Feb. 27, 1938

I last saw her alive on Feb. 27, 1938 Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other contributory causes of importance:

Diabetes mellitus c diabetic Coma.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Sadagen, M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44401 — CERTIFICATE OF DEATH — 82-a — F 44404

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital — (Ward) 2

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jerlean Goldsborough

(a) Residence: No. 1114 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Pearl Goldsborough

6. DATE OF BIRTH (month, day, year): July 8 1870

7. AGE — Years: 67 — Months: 7 — Days: 18 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salem Va

FATHER

13. NAME: Noah Goldsborough

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rachel ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Pearl Goldsborough

(Address) 1114 N Stricker ST

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Calvary Date Mar. 1 1938

19. UNDERTAKER: Saml. H. Grant & Son

(Address) 238 E. Lafayette Ave

Huntington Pittsburgh Pa

20. FILED MAR 1 - 1938 — Registrar.

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy (Embolism) — Date of onset 2/26/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos. H. Allen M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 44405

44405 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 23

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-W St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M Kious

If U. S. Veteran specify WAR

(a) Residence: No. Hampstead Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1814	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month, day, year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

FATHER

13. NAME Carroll Kious

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Lebrun

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carroll Kious
(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL Shiloh Md Date 3-3 1938

19. UNDERTAKER Edw C Tipton
(Address) Hampstead Md

20. FILED Arlington Williams
MAR 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1938, to February 28, 1938.

I last saw her alive on February 28, 1938. Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tuberculosis	
Tuberculous Meningitis	
Rickets	
Other contributory causes of importance:	
Coma	
Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. Long, M. D.

(Address) University Hospital

F 44406

44406 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH CGK-29555 3494-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital life St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Davis

(a) Residence: No. 904 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert

6. DATE OF BIRTH (month, day, year) 10-27-06

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Armstrong

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Louise Robin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Mar. 2 1938

19. UNDERTAKER Adolphus Halstead
(Address) 711 Orchard Hillsave.

20. FILED ..., 19... (Registrar)

MAR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5 1938 to February 23 1938

I last saw h... alive on February 23 1938. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-22-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. L. da Santella M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 44407

44074 34 9874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 14-2 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lawson If U. S. Veteran specify WAR

(a) Residence: No. 1425 Madison St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mattie

6. DATE OF BIRTH (month, day, year) — 92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beth Steel Co -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) South Boston Va

FATHER

13. NAME John Lawson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ella Wade

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place South Boston Va. Date March 1 1938

19. UNDERTAKER Archibald A. Gudelis
(Address) 2101 McCulloh St.

20. FILED MAR 1 - 1938 Huntington Wilson Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1938 to Feb 28 1938

I last saw him alive on Feb 28 1938. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hem of third ventricle	
	over

Other contributory causes of importance:

Was an operation performed? Tryphine & ant yes Date of Feb 26

For what disease or injury? Brain

Name of operation Trephine & ant right

What test confirmed diagnosis? above Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B. Buck M. D.

(Address)

11408 E 11108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a oc

1. PLACE OF DEATH Bon Secours Hospital Registered No. 1512
CITY OF BALTIMORE: (No. Bay View St., 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Lillie Moore

(a) Residence: No. 1360 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Moore (dead)

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Reginia Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jessie Lobas
(Address) 1360 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 1 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address) Wilmington, N.C.

20. FILED MAR 1 - 1938 H. Clayton Entwistle, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) February thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-28
Total Paralysis	
Other contributory causes of importance:	
Chronic Nephritis	1-31

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Ward, M. D. Coroner

(Address) 1711 W. Lexington St.

State whether birth was in or out of wedlock. OCCUPATION is very important. See instructions on back of certificate.

156

F 44109

44109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1044 Granby St. 3-2 Ward)

Registered No. 1814

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Stanley Machowski

(a) Residence: No. 1044 Granby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police 2-D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 1 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Registrar.

1 - 1938 3857

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset Feb. 25 1938

Other contributory causes of importance Alcoholism Chronic

Onset Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Ward M. D.

Coroner

(Address) 712 N. Bond St.

State CAUSE OF DEATH in plain English. Do not use abbreviations or give technical terms unless necessary. OCCUPATION is very important. See instructions on back of certificate.

✓ F 4410

4410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto City Hospitals Registered No. 812

CITY OF BALTIMORE: (No. Long View St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Butts (City Jail)

If U. S. Veteran specify WAR

(a) Residence: No. 108 Parish Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lila Butts

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Louis Butts (Dead)

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Coroner

(Address) Records Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 1 - 1938

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED MAR 1 - 1938 Huntington Williams, M.D. Registrar

8:35 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Unk
	Years

Other contributory causes of importance: Acute Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. U. Wood, M. D. Coroner

(Address) 1711 N. Broadway

STATE CAUSE OF DEATH in plain words. Do not use abbreviations. OCCUPATION is very important. See instructions on back of certificate.

F 11411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11411

CERTIFICATE OF DEATH

86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. Agnes Hospital St., 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Glathar

(a) Residence: No. 330 S. Monroe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Male	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20. 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Glathar

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Audrey Vogelsang

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Vogelsang (Address) 2619 Foster St.

18. BURIAL, CREMATION, OR REMOVAL. Place Frt. Street Date Mar 1 1938

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED [illegible] Registrar

R 1-1938

V S 6

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1938

22. I HEREBY CERTIFY, That I last charged the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions (Dietetic)	1 day
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) A. Warren M. D.
Coroner

(Address) 1822 W. Baltimore St.

14112 E 14112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Cherry St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 72 yrs. ... mos. ... ds.

2. FULL NAME Frank Soustek

If U. S. Veteran specify WAR

(a) Residence: No. 1419 Cherry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Soustek

6. DATE OF BIRTH (month, day, year) Sept 28, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Soustek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Zarubska

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Tilfay

(Address) 1419 Cherry St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 2 1938

19. UNDERTAKER Frank Speach & Son

(Address) 1408 Ashland Ave.

20. FILED ... Registrar.

MAR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-5 1937 to Feb-26 1938

I last saw him alive on Feb-26 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arthritis of Spine	
Uremia	Feb 26 over

Other contributory causes of importance: Enlarged Prostate - non malignant

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Lufsen M. D.

(Address) 320 Patapsco Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4413

4413

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Bersin

If U. S. Veteran specify WAR

(a) Residence: No. 44 N. Collington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Latvia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT St Lucyness Hosp Philadelphia Pa

(Address)

18. BURIAL, CREMATION, or REMOVAL Greenmount Cem Mar 2 38

Place Date 19

19. UNDERTAKER Lillie Zeile & Co

(Address) 4033 Harford ave.

20. FILED Mar 2 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938 to Feb. 26 1938

I last saw him alive on Feb. 26, 1938 Death is said to have occurred on the date stated above, at 6 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Aug 1937
Pulmonary Embolism	

Other contributory causes of importance

Was an operation performed? yes Date of Feb 22 1938

For what disease or injury? Carcinoma

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Bruhandt M. D.

(Address) St Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

R F-1938

F 11414

339651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 - 2 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andreoli Basilio

If U. S. Veteran specify WAR .....

(a) Residence: No. 23 N. Montford ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 26-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newspapers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austrian Tyrol

FATHER

13. NAME Andreoli Giacomo

14. BIRTHPLACE (city or town) (State or country) Austrian Tyrol

MOTHER

15. MAIDEN NAME Mazzurana Fortunato

16. BIRTHPLACE (city or town) (State or country) Austrian Tyrol

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place London Park (Date) Mar. 2-38

19. UNDERTAKER John F. Miller

(Address) 2234 Jefferson St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Feb 27, 1938

I last saw h. in alive on Feb 27, 1938 Death is said to have occurred on the date stated above, at 3.29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pyonephrosis	
Uraemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 1922

For what disease or injury? Tuberculous Left kidney

Name of operation Nephrectomy

What test confirmed diagnosis? Uraemia Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Hyland J. Leadbetter M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

R F - 1938

14415 F 14415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N. Collington Avenue St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1839 N. Collington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian A. Miller

6. DATE OF BIRTH (month, day, year) June 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kreuzer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen WeidenKamp

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Theresa M. Barrington

(Address) 1839 N. Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/2/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED 19

Registrar.

Feb 1 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938 to Feb 27, 1938

I last saw h[illegible] alive on Feb 27, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	over

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Fisher M. D.

(Address) 1823 N. Druid St.

SEE CAUSES OF DEATH in the plain OCCUPATION is very important. See instructions on back of certificate.

14416 ✓ F 14416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609-Aisquith Street St., 9-9 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Brosh

If U. S. Veteran specify WAR no

(a) Residence: No. 1609-Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Brosh

6. DATE OF BIRTH (month, day, year) 12/8/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Helfrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Barbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catharine Brosh

(Address) 1609-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cem. Date 3/4/38 19

Geo. D. Roth & Bro.

19. UNDERTAKER (Address) 1265-Harford Ave.

20. FILED Mar 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938 to Oct 28, 1938

I last saw h.... alive on Oct. 28, 1938 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage with hemiplegia.	2/2-3/38
Other contributory causes of importance: Hypertension & V. D. disease	?
Thrombosis of Central Art. Brain	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Blum M.D. M. D.

(Address) 1216 E. Preston

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

R 1 1938

F 44417

44417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital St., 4 W Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran — specify WAR

2. FULL NAME Joseph Tyson Reisig

(a) Residence: No. ..... Perryville, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const. Work

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Perryville Md.

FATHER

13. NAME Charles Reisig

14. BIRTHPLACE (city or town) (State or country) Columbia Pa.

MOTHER

15. MAIDEN NAME Frances Ward

16. BIRTHPLACE (city or town) (State or country) Perryville Md.

17. INFORMANT Frances Reisig (Address) Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL St Marks Cem. Perryville Md. Date Mar. 4 19 38

19. UNDERTAKER Geo. Patterson (Address) Perryville, Md.

20. FILED 19 ..... Registrar.

MAR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-23 . 1938 to 3-1 . 1938

I last saw h[illegible] alive on 3-1 . 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Peritonsillar Abscess (Quinsy)	2-9-38
Metastatic Lung Abscess	2-23-38
Septicemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Scarborough M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 11418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Presstmand St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Gertrude Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 1829 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/10/1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Moses Prophet Clark

14. BIRTHPLACE (city or town) (State or country) Welden N.C.

MOTHER

15. MAIDEN NAME Bessie Hatchett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Moses Clark
(Address) 1829 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/4 38

19. UNDERTAKER William A Jackson
(Address) 916 Fremont

20. FILED 2-4-1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1938 to Feb. 28, 1938

I last saw her alive on Feb. 28, 1938 Death is said to have occurred on the date stated above, at 6:25 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	Dont know
Other contributory causes of importance: Rheumatic Heart Disease with Mitral Stenosis and Mitral Insufficiency. Active rheumatic process with myocardial failure	1933

Was an operation performed? ... Day of ...

For what disease or injury? Treated at Johns Hopkins

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? for this ailment.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. J. Slate M. D.

(Address) 1344 Druid Hill Avenue

State CAUSE OF DEATH in plain terms. DO NOT USE MEDICAL TERMS. OCCUPATION is very important. See instructions on back of certificate.

82 — 1938

14419 F 14419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Wise

If U. S. Veteran specify WAR

(a) Residence: No. 607 N. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 957

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	8	26 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Wise

14. BIRTHPLACE (city or town) (State or country) Columbia S. C.

MOTHER

15. MAIDEN NAME Alberta Tolen

16. BIRTHPLACE (city or town) (State or country) Columbia S. C.

17. INFORMANT John Wise
(Address) 607 N. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Bateesburg S.C. Date 3/2/ 35

19. UNDERTAKER William A Jackson
(Address) 916 Pine Ave

20. FILED Huntington Williams M.D. Registrar.

MAR-2-1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3, 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2. 26. 1935 to 3. 1. 1935

I last saw him alive on 3. 1. 1935. Death is said to have occurred on the date stated above, at 7 02 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-21-35
Other contributory causes of importance:	
None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Marker St.

M. D. B 1268-9

E 14420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

14420

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Hull St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Cadden

(a) Residence: No. 1310 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret OConnor Cadden

6. DATE OF BIRTH (month, day, year) January 19-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal House

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Raymond W. Va

FATHER

13. NAME Robert Cadden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Hughes

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Dorcas Cadden Daughter

(Address) 1310 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Mar 2 1938

19. UNDERTAKER Margaret F. Flynn

(Address) 1422 Light St

MAR 2 - 1938 Williamsburg, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1938 to Feb 27 1938

I last saw h alive on Feb. 26 1938. Death is said to have occurred on the date stated above, at 5:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Lobar	4 days
Acute Myocarditis	

Other contributory causes of importance: Chronic Valvular disease Nephritis 1 yr

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos F. A. Stevens M. D.

(Address) 2878 Hartford St

V 5 3

Information necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4421 E 44421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2221 Penrose Ave Ward 24

Length of residence in city or town where death occurred 24 yrs. ... mo. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Marie Brandhuber

(a) Residence: No. 2221 Penrose Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul

6. DATE OF BIRTH (month, day, year): Mar 24 1878

7. AGE: Years 59 | Months 11 | Days 5 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 1/15

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Edmund Zimmermann

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER

15. MAIDEN NAME: Marie Schuller

16. BIRTHPLACE (city or town) (State or country): Austria Hungary

17. INFORMANT: Rose Stoekl

(Address) 1456 Williams St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk 3/3 1938

19. UNDERTAKER: William Cook

(Address) 127 S Paul St

FILED MAR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 10 1938 to 2-1 1938

I last saw her alive on 3-1 1938 Death is said to have occurred on the date stated above, at 1 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elaine C. Thompson M. D.

(Address) 1945 N. Bolton St.

OCCUPATION is very important. See instructions on back of certificate.

E 44422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44422

CERTIFICATE OF DEATH

31133 JS

✓ 117-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Ebert

If U. S. Veteran specify WAR .....

(a) Residence: No. 1219 N. Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber- none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 90 M

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie ? Creamer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date March 3 1938

19. UNDERTAKER Henry Troutt Sons Inc

(Address) 1301 E Eager St.

20. FILED ..... 19 ..... Registrar.

MAR 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938 to 2-27, 1938

I last saw him alive on 2-26, 1938 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	2-24-38
Other contributory causes of importance: Generalized Peritonitis	2-24-38

Was an operation performed? Yes Date of 2-25-38

For what disease or injury? Perforated Gastric Ulcer

Name of operation Closure & Peritoneal Drs

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Kepner M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 11123 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11123

CERTIFICATE OF DEATH V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Cottingham

If U. S. Veteran specify WAR

(a) Residence: No. 1125 S. East ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of William Cottingham

6. DATE OF BIRTH (month, day, year) October 6, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis F. Decker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Kenyer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Minnie Williams

(Address) 3402 Ellicott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date March 2 1938

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

20. FILED Huntington Littlewood, N.D. Registrar

MAR 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me ~~Surgery~~ (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right femur	

Other contributory causes of importance:

Broncho-pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 5, 1937

Where did injury occur? 1125 S. East ave Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schnitker Coroner M. D.

(Address) 1702 E. Fifth ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41121

CERTIFICATE OF DEATH

VII-P 41121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W. Lanvale St. 16-Z Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Booker

If U. S. Veteran specify WAR

(a) Residence: No. 1508 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July — 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 10yr

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

MOTHER FATHER

13. NAME Frank Booker

14. BIRTHPLACE (city or town) (State or country) Buckhead Ga

15. MAIDEN NAME Julia Dagold

16. BIRTHPLACE (city or town) (State or country) Buckhead Ga

17. INFORMANT Arthur Booker
(Address) 516 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/3 1938

19. UNDERTAKER Lemmon W. Chase & Sons
(Address) 638 W. Fulton

20. FILED Mar 2 1938 Registrar. Washington Williams, M.D.

MAR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938 to Feb 27, 1938

I last saw h.... alive on Feb 27, 1938 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric + Duodenal Ulcer	?
Other contributory causes of importance: Perforation of Duodenal Ulcer	Feb 26

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. H. Berry, M. D.
(Address) 1420 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

34267 3
14425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14425

CERTIFICATE OF DEATH

34-42-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laurance Meyers

(a) Residence: No. 8 1/8 Ashland Ave — Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bernie Meyers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma .....

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Md Calvary Date 3/2/38

19. UNDERTAKER John W. Henderson

(Address) 1130 Eisquenton St

FILED MAR 2 - 1938 19 Huntington Williams Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938 to Feb 26, 1938

I last saw him alive on Feb 26, 1938. Death is said to have occurred on the date stated above, at 2 2:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction due to	Feb 21, 38
cerebral embolism.	
Myocardial failure, due to	?
aortic insufficiency, luetic.	

Other contributory causes of importance:

Paresis

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Luetscher, Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

14426 E 14426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S Division St. 17-2 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Herbert Adams

(a) Residence: No. 112 S Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ena Adams

6. DATE OF BIRTH (month, day, year) Sept. 4, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Edward Adams

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Mary Ella Mahan

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Ena Adams

(Address) 112 S Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 3/3 38

19. UNDERTAKER Thos. E. Kelly

(Address) 1303 Pressman St

20. FILED MAR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of head	
Homicide	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Homicide Date of injury Feb 28, 1938

Where did injury occur? 112 S Division St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Shot with pistol.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ryan, Coroner M. D.

(Address) 215 Hanover Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44427

CERTIFICATE OF DEATH

✓ 93-F 44427

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Light St St. 28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta C Tepper

If U. S. Veteran specify WAR

(a) Residence: No. 820 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Tepper 1853

6. DATE OF BIRTH (month, day, year) April 5 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84 76	10 11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosmary A Myers
(Address) 820 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 3 1938

19. UNDERTAKER William M Marech
(Address) 715 Light St

20. MAR 2 - 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 28 1938

I last saw her alive on Feb 28 1938 Death is said to have occurred on the date stated above, at 5-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	2-1-38.
Other contributory causes (Duration)	
Arterio Sclerosis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) X ..... M. D.

(Address) 1 E Chase St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44428 — CERTIFICATE OF DEATH — 1/31 — F 44428

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 W. Barney St. 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl M. Kuhn — If U. S. Veteran specify WAR .....

(a) Residence: No. 6 W. Barney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Charles E Kuhn

6. DATE OF BIRTH (month, day, year) May 12 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harold B Phillips

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma Schaaf

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Alvin Kuhn 6 W. Barney St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Mar 3, 1938

19. UNDERTAKER (Address) R. Howard Evans 400 S. Eliot St

MAR 2 - 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to Feb. 28, 1938

I last saw her alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Indefinite
Other contributory causes of importance:	
Uremia	2/27/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) H. B. Campbell M. D.

3/1/38 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

F 44429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44429

CERTIFICATE OF DEATH

✓107-a REM 80710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Sledge

(a) Residence: No. 3320 Tate Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/9/1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George

14. BIRTHPLACE (city or town)
(State or country) N.C.

MOTHER

15. MAIDEN NAME Pinkie Jones

16. BIRTHPLACE (city or town)
(State or country) N.C.

17. INFORMANT Hospital records
(Address)

18. ~~BURIAL~~ CREMATION ~~OR REMOVAL~~
Place City Hospital Date 2/28 1938

19. UNDERTAKER
(Address)

20. FILED 2-1938 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1938 to 2-24 1938

I last saw h.CY. alive on 2-24 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Prematurity	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jno Franklin M. D.

(Address) Baltimore City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

AR

F 44430

14430 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 23

Registered No. 5-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Colvin St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Horsey Wilson

(a) Residence: No. 126 N. Covin St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 2 - 1938 19

Commissioner of Health

19. UNDERTAKER For H. A. Moore (Address)

20. FILED MAR 2 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Valentine, M. D. Coroner

(Address) 1250 Guilford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44431 ✓ F 44431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Heights & 7 Mile Lane Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Abery

If U. S. Veteran specify WAR

(a) Residence: No. 1618 Oliver St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Abery

6. DATE OF BIRTH (month, day, year) July 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bato Md.

FATHER

13. NAME Michael Abery

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. M. Abery

(Address) 1618 Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 3 1936

19. UNDERTAKER Jno. A. Kramer & Son

(Address) 316 N. Eutaw St.

20. FILED MAR 2 - 1936 Hunting Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/25/36
Contributory	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Krause, M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44432 ✓ F 44432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jos C. Lanter

If U. S. Veteran specify WAR

(a) Residence: No. Fries Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pearl M. Lanter

6. DATE OF BIRTH (month, day, year) March 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	08			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Austin Lanter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Raymond Lanter

(Address) Fries Va

18. BURIAL, CREMATION, OR REMOVAL Fries Va

Place Int Christ cem Date 3/4 19 38

19. UNDERTAKER Edward Lowery

(Address) 230 g West Bltd

FILED MAR 2 1938 19 Registrar

Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident March 1, 1938 19

Where did injury occur? Halethorp Balto. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Selma Ave. & Wash. Blvd.

Nature of injury Struck by Auto Walking across Road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Steele M. D.

Coroner

(Address) 2237 Wm St.

Information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

F 44433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44433

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2812 PELHAM AVE. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHANNA DUNNIGAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 2812 PELHAM AVE. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of PHILLIP DUNNIGAN

6. DATE OF BIRTH (month, day, year) JULY 19/1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JACOB SAUTERS

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME KATE ?

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARION BLABERGER. (DAUTHER)

(Address) 3307 KENYON AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date MAR. 3 1938

19. UNDERTAKER Lilly & Feiler Inc.

(Address) 403 S. Wolfe St.

20. FILED MAR 2 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18 1937 to February 25 1938

I last saw h.. alive on February 28 1938 Death is said to have occurred on the date stated above, at 7/55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Disease with Mitral Stenosis	Jan 18. 1937
Other contributory causes of importance:	
Septic Throat	2/24/38
Erysipelas with Cardiac failure	2/27/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Surgical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44434

44434 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 2

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Abraham F. Price

(a) Residence: No. 611 Calhoun St., Balto Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Elizabeth Gray Price

6. DATE OF BIRTH (month, day, year) Aug. 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7 6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Hanover Co., Va.

FATHER

13. NAME Isra el Price

14. BIRTHPLACE (city or town) (State or country) Hanover Co., Va.

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Va.

17. INFORMANT (Address) Records- U.S.Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Ashland Va Date 3-5-38

19. UNDERTAKER (Address) Samuel W. Chase Son 638 N. Gilmor St

20. FILED ..... by Clayton Williams
MAR 2 - 1938 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938 to March 1, 1938.

I last saw him alive on March 1, 1938 Death is said to have occurred on the date stated above, at 7:33 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	June 1936
Uremia, acute, toxic	2-26-38
Other contributory causes of importance:	
Myocarditis, chronic	June 1936
Arteriosclerosis, general	"
Hypertension, vascular	"

Was an operation performed? ..... Date of .....
For what disease or injury? No operation

Name of operation .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... no ..... If so, specify .....

(Signed) I. B. N. a dern, M. D.

(Address) U. S. Marine Hospital, Balto, Md.

PPT/6

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VE 14435

HEALTH DEPARTMENT—CITY OF BALTIMORE

14435

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathew Klisyes

(a) Residence: No. 805 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ursula Klisyes

6. DATE OF BIRTH (month, day, year) Feb 24, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Vincent Klisyes

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Eva Klisyes (Address) 805 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/4 38

19. UNDERTAKER John J. Howard & Son (Address) 1901 Hollins St.

20. FILED MAR 2 1938 H. Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/24/38 19 to 3/1/38 19

I last saw him alive on 2/28/38 19 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows

Coronary Occlusion

Date of onset

Other contributory causes of importance

Was an operation performed No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard J. Williams M.D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44436

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 W. North Ave St., 15-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Meissel List

If U. S. Veteran specify WAR

(a) Residence: No. 1905 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jacob List

6. DATE OF BIRTH (month, day, year) Sept 8- 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Meissel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. L. Weigand Son
(Address) 2725 Annunda

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 3 19 38

19. UNDERTAKER Wm. F. Tischer & Sons
(Address) North & Pa. Ave.

20. FILED MAR 2 - 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 38 to Feb. 28 19 38

I last saw h alive on Feb 27 19 38 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	15 Yrs
Mitral Regurgitation	2 Yrs
Vegetation	
Other contributory causes of importance: Carcinoma Rectum	3 mo

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Hartford Rd

VS 3

F
INSTRUCTIONS.—Fill in all items. Use ditto marks only when they will exactly repeat the answer above. Write plainly with pen and ink. Do not use lead pencil. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44437 ✓ F 44437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Owynns Falls Pkwy. St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jane Rebecca Gilbert

U.S. Veteran specify WAR

(a) Residence: No. 3407 Owynns Falls Pkwy. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles H. Gilbert

6. DATE OF BIRTH (month, day, year) Sept. 17, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union Bridge (State or country) Md.

FATHER

13. NAME David Fuss

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Baer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Edna May Gilbert
(Address) 3407 Owynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 3, 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED MAR 2 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip	
and shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/16, 1938

Where did injury occur? 3407 Owynns Falls Pkwy.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fell from step in kitchen

Nature of injury Fracture, left

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Ram. Corsaro M. D.
Coroner

(Address) 1215 Hanover

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

14438 E 14438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Montpelier St., 9-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen (Nellie) Eason

If U. S. Veteran specify WAR .....

(a) Residence: No. 1710 Montpelier St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hiram M.

6. DATE OF BIRTH (month, day, year) Feb 8 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jeramiah Noonan

14. BIRTHPLACE (city or town) (State or country) Cork. Ireland.

MOTHER

15. MAIDEN NAME Mary Hennessy

16. BIRTHPLACE (city or town) (State or country) Cork. Ireland

17. INFORMANT Miss Elizbeth Noonan
(Address) 929 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 5 1938

19. UNDERTAKER Kelly-Ogden-Purkney & Son
(Address) York & Pa. Ave.

20. FILED ..... 19... ..... Registrar.

MAR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12-36 19... to 2-28 1938

I last saw h alive on 2-28 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar.	1-12-36
Cardiac Disease	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Courtney L. Caldwell M. D.

(Address) 1038 N. Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VF 44439

F 44439 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Mt. Holly St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Iglehart Albright

If U. S. Veteran specify WAR .....

(a) Residence: No. 734 Mt. Holly St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry M. Albright

6. DATE OF BIRTH (month, day, year) Aug. 14, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	6	17 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Larkin Iglehart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Adams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Frank Roberts.

(Address) 734 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Granite, Md. Date March 3, 1938

19. UNDERTAKER Harry T. Cutler

(Address) 401 Edmondson Ave.

20. FILED ..... 1938 H. Eugene Williams, M.D. Registrar.

MAR 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/38

22. I HEREBY CERTIFY, That I attended deceased from May ..... 1937 to Feb 28th 1938

I last saw h[illegible] alive on Feb 28th 1938. Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive arteriosclerotic Cardio-Vascular Renal disease apoplexy 1

Date of onset .....

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. F. Bryan M. D.

(Address) 803 W. Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite or unsatisfactory OCCUPATION is very important. See instructions on back of certificate.

Gran #1

✓ F 44140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44140

CERTIFICATE OF DEATH

183

Registered No. 2453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Rear of 414 [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Frank Goddard

(a) Residence: No. 1110 Hall Al St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) NotoKnown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date MAR 2 - 1938

19. UNDERTAKER Commissioner of Health (Address) For H. A. Moore

20. FILED MAR 2 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Dec 28, 1937

Where did injury occur? (Specify city or town, county, and State) Balto, Md.

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell into Harbor

Nature of injury ... The boat

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R2 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

11111 #30315 SF

11111

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 6-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Leach

(a) Residence: No. 307 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 11/4/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Leach

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dennia Dukuke

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Mar. 3 1938

Place Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Baltimore & Broadway.

(Address)

20. FILED ..... 19 ..... Registrar.

MAR 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1938, to 2-28, 1938

I last saw him alive on 2-28, 1938. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	[illegible]
Bronchopneumonia	2-26

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44442

44442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Cliftons Avenue (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Francis Kennedy

If U.S Veteran specify WAR ...

(a) Residence: No. 3602 Clifton Avenue. St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C Fuller

6. DATE OF BIRTH (month, day, year) Oct. 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 About 61	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monuments.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation About

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Patrick J Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Winifred Regan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs J F. Kennedy

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/3/38

19. UNDERTAKER Foley Bros

(Address) 1218 Light St.

20. FILED ... 19... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 28, 1938

I HEREBY CERTIFY, That I attended deceased from June 10, 37 to February 28 38

I last saw him alive on February 28, 1938 and he is said to have occurred on the date stated above, at 6.45 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ampulla of Vater.

Date of onset Not Known

Other contributory causes of importance:

Was an operation performed? yes Date of July 10, 1937.

For what disease or injury? obstructive

What was confirmed diagnosis? Jaundice - See cause of death Was there an autopsy? Prepual, Laboratory exam. no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

information should be carefully supplied, in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MAR 2 - 1938

F 44443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44443

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3818 Old Frederick Rd. St., [illegible] Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Boyle Sr.

(a) Residence: No. 3818 Old Frederick Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Boyle

6. DATE OF BIRTH (month, day, year) Mar. 17th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liquor Business (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Treacy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Vieos
(Address) 3818 Old Frederick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland, Md. Date 3/4 1938

19. UNDERTAKER Gregg & Bolden
(Address) Oakland, Md.

20. FILED ... 19... [illegible] Registrar.

MAR 8 - 1938 Augusta Williams, Md

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Mar 2 1938

I last saw h... in alive on Mar 1 1938 Death is said to have occurred on the date stated above, at 7:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebro sclerosis	indefinite
hypertension	
chronic interstitial nephritis	
Other contributory causes of importance:	
cardiac decompensation	1½ mos.

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify .....

(Signed) F. T. Kyper M. D.

(Address) 3321 Forest Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 11444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11444

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Sargeant St. 21-2 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert J. Henthorn

(a) Residence: No. 1243 Sargeant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 1, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse dealer

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Henthorn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary J. Moffett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sarah A. Galloway

(Address) 1243 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pat. River Date Mar 3. 1938

19. UNDERTAKER Mrs. Mrs. John M. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED Mar 2—1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/26/38, 19.., to 2/28/38, 19.. I last saw ... alive on 2/28/38, 19.. Death is said to have occurred on the date stated above, at 12.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/26/38
Other contributing causes of importance: Arteriosclerosis	1/26/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard Dorsey, M. D.

(Address) 1243 Sargeant St.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44445

44445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89B

1. PLACE OF DEATH Church Home & Infirmary Hospital

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave. St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Alta Rhodes

If U. S. Veteran specify WAR

(a) Residence: No. Kitzmiller, (Garrett Co.) Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 13, 1938 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kuser W. Va

FATHER

13. NAME James Arthur Rhodes

14. BIRTHPLACE (city or town) (State or country) Swanson Md

MOTHER

15. MAIDEN NAME Evelyn M Donaldson

16. BIRTHPLACE (city or town) (State or country) Elkins W. Va

17. INFORMANT Mrs Emma A Rhodes

(Address) Kitzmiller Md

18. BURIAL, CREMATION, OR REMOVAL

Place Kitzmiller Date Mar 3 1938

19. UNDERTAKER Thomas W Singleton

(Address) Glen Burnie Md

20. FILED MAR 2 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938 to March 2, 1938

I last saw her alive on March 2, 1938 Death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Years
Other contributory causes of importance:	
Acute Mastoiditis	Feb. 23

Was an operation performed? Yes Date of Feb. 25, 1938

For what disease or injury? Acute mastoiditis

Name of operation Simple mastoidectomy

What test confirmed diagnosis? Cl. Chem. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W Leslie Ritz M. D.

(Address) Church Home Hosp

INFORMATION must be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 2 1938

1446 E 1446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Highland St., Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin M. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 109 S. Highland Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Nov 3, 1814

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Olson Bartlett Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Edwin B. Smith

(Address) 109 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Thurs Mar 3 1938

19. UNDERTAKER John A. Keller

(Address) 2334 Jefferson St.

20. FILED MAR 2 1938 Washington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8. 1936 to Feb. 28. 1938

I last saw him alive on Feb 28 1938 Death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Gustav C. Kneng M. D.

(Address) 2601 E Fairmount Ave

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44447

HEALTH DEPARTMENT—CITY OF BALTIMORE.

F 44447

CERTIFICATE OF DEATH

8 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Marie Seaver

If U. S. Veteran specify WAR

(a) Residence: No. 618 N. Streper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced (or) WIFE of George Seaver

6. DATE OF BIRTH (month, day, year) July 5 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	25 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas De Ford

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland.

17. INFORMANT (Address) Husband - 618 N. Streper St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. March 3 19 38

19. UNDERTAKER John Allcott (Address) 2005 Eutaw

20. FILED MAR 3 - 1938 Huntington Williams, N.P. (Registrar)

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1938 to March 2, 1938

I last saw h alive on March 2, 1938 Death is said to have occurred on the date stated above, at 7 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	2/24/38
Scarlet Fever	2/28/38
Streptococcus Septicemia	
Streptococcus pharyngitis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry J. Gimbel, M. D.

(Address) Sydenham Hosp

Information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44448

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp. (Street) 7-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Ader

If U. S. Veteran specify WAR

(a) Residence: No. 3015 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Jan 4~~

6. DATE OF BIRTH (month, day, year) Jan. 4, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	27 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Ader

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Geyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Father

(Address) 3015 E. Monument

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Park Date March 3 1938

19. UNDERTAKER John Ellis & Co

(Address) 2118 E. Eager

20. FILED MAR 5 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-1- 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20- 1938 to 3-1- 1938

I last saw h. alive on 3-1- 1938 Death is said to have occurred on the date stated above, at 6.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2-15
Bronchopneumonia	2-16
Toxic Encephalitis	2-25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Lutcher M. D.

(Address) Sydenham Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. If less than one day state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14449

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5426 Wilkens Ave St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L Burr

If U. S. Veteran specify WAR

(a) Residence: No. 5426 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Burr

6. DATE OF BIRTH (month, day, year) Feb 3 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Minnie Burr

(Address) 5426 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 4 1938

19. UNDERTAKER John Allnick

(Address) 200 E Pleasant St

20. FILED ..... 19.. Registrar

Huntington Williams, MD

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1927 Mar ..., 19.. to Mar 1, 1938

I last saw h Live on 2/28 1938 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocondritis	1927
Anemia	1 month
Other contributory causes of importance:	
Arteria Sclerosis Cerebral	10 yrs
Carcinoma of Gall Bladder	4 "

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Kahn, M. D.

(Address) 5027 Reisterstown Rd

Information should be carefully supplied. All questions must be answered. Write plainly. Be sure that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44450

14450 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4648 Kenwood St., 27-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Edward Fisher. If U. S. Veteran specify WAR The Record

(a) Residence: No. 4648 Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie E Fisher

6. DATE OF BIRTH (month, day, year) Nov 30th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Egg Noodles

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME William Fisher

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Markwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Fisher
(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 4th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED 19 Registrar

MAR 3 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? I Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel A Cooper M. D.
Coroner

(Address) 612 Wilco

N. B.—WRITE LEGIBLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44451

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Jeanette Beall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1107 N Kenwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 1 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Cecil Beall

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Ice Boss

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Mother

(Address) 1017 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

MAR 3 - 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH ✗

21. DATE OF DEATH (month, day, year) March 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1938 to March 2 1938

I last saw h[illegible] alive on March 2 1938 Death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, [illegible]

(Signed) S Edwin Mullen M. D.

(Address) Mercy Hospital

information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14452

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH Md. Gen Hospital 15-10 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sherrie B. Wilkens DABETTE If U. S. Veteran specify WAR NONE

(a) Residence: No. 3934 Dolfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Wilkens

6. DATE OF BIRTH (month, day, year) Nov-6-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Julius C. Wilkens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Kett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Mathilda Gantt (daughter) (Address) 3934 Dolfield ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date May 4 1938

19. UNDERTAKER Stewart Mortuary Co. (Address) 1010 Pennsylvania ave.

20. FILED ... 19 ... Registrar.

MAR 3 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22-38, 19 ... to 3 2 1938

I last saw h[illegible] alive on 3-1 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows: Chronic myocarditis — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. Wilkens M. D.

(Address) Md. General Hospital

information should be carefully supplied. Any omission or error should be corrected. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E Balto St., 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Samuel Kassan

If U. S. Veteran specify WAR

(a) Residence: No. 1803 E. Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Reuben Cairf

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Sokoloff
(Address) 1803 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 3/3/38

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Balto St.

20. FILED MAR 3 - 1938 Henrietta Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-38. 19

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1938, to March 2, 1938

I last saw him alive on March 2, 1938. Death is said to have occurred on the date stated above, at 9.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel J. Schwartz, M. D.

(Address) 230 Harlem Ave

information should be carefully supplied. Age should be stated in years and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14454

F 14454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital - Northwestern Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Levy

If U.S. Veteran specify WAR

(a) Residence: No. 6198 Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Nee Wolfort

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York U. S. A.

FATHER

13. NAME: David Levy

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Levy

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rose Levy
(Address) 619 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL: Harmony Run Date 3/5/38

19. UNDERTAKER: Jack Levine
(Address) 1739 E. Baltic St

20. FILED MAR 3 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1938 to March 2 1938

I last saw him alive on March 2 1938 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
Uraemia	
Cerebral vascular collapse	
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 25 1938

For what disease or injury? Benign Prostatic Hypertrophy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles May M. D.

(Address) Sinai Hospital

N. B.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Pushkin 2338 Eutaw pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 44455 — 11155

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4225 (Street) Pimlico Rd (Ward) 43

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Lehman

If U. S. Veteran specify WAR

(a) Residence: No. 4225 Pimlico Rd St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob Lehman

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel M. Jacobson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sona Kinguer

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jacob Lehman

(Address) 4225 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL: Date 3/3/38

Place: Rosedale

19. UNDERTAKER: Jack Lewis Inc

(Address) 1439 E. Baltimore St

20. FILED ... 19...

Registrar.

MAR 3 - 1938

Hampton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to March 2, 1938

I last saw her alive on March 2, 1938 Death is said to have occurred on the date stated above, at 8:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Chronic nephritis; Arterio-Sclerosis; Hypertension.

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Benjamin Pushkin, M. D.

(Address) 2338 Eutaw pl.

A. B. Write plainly. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44456 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44456

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. M. H. St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Frederick Conrad Stein

If U. S. Veteran specify WAR

(a) Residence: No. 3210 Berkshire Rd. Balto. Md.
(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Ida A. Stein

6. DATE OF BIRTH (month, day, year): April 24-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocerer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ger.

FATHER

13. NAME: John Stein

14. BIRTHPLACE (city or town) (State or country): Ger

MOTHER

15. MAIDEN NAME: Marie Feldner

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Mr. Edwin Stein
(Address): 3210 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Mar 4 38

19. UNDERTAKER: Philip Herwig Sons
(Address): 2016 Orleans St

Registered MAR 3 1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938, to Mar. 2, 1938

I last saw h.IM alive on Mar. 2, 1938. Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset 2/8/38
arteriosclerotic Heart disease
Benign Hypertrophy of prostate

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blchem. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Douglas H. Stone, M. D.

(Address) Union Memorial Hosp.

X. B. Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44457

CERTIFICATE OF DEATH

CGK 95-B 11870

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-2 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Gray or William Savage

(a) Residence: No. 510 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1-11-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cared for horses

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Sadler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Pracala ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/5 1938

19. UNDERTAKER Oscar D. Locke Jr.
(Address) 1302 Jefferson St.

20. FILED MAR 3 - 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937 to February 25, 1938

I last saw him alive on February 25, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Saulsbury M. D.

(Address) Baltimore City Hospitals

N. B.—All information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 44458

44458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Greenmount Ave 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. D. Lowenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 1014 Greenmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Lowenstein

6. DATE OF BIRTH (month, day, year) Aug 13, 1853

7. AGE Years	Months	Days 17	If LESS than 1 day, ... hrs. or ..... min.
84	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Barber Shop

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Lowenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth M. Lowenstein

(Address) 1014 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Mar 5, 1938

19. UNDERTAKER Edwin W. Compton

(Address) 924 Eager St.

20. FILED ..... 19 ..... Registrar

MAR 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2nd. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937, to Mar 2, 1938

I last saw him alive on Mar 2, 1938. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortical Sclerosis	2 yrs
Other contributory causes of importance: Cystitis incipiens	month

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Pettigrew M. D.

(Address) 817 Hamilton Ter

N. B.—WRITE PLAINLY, WITH INK. ALL QUESTIONS must be answered so far as information is obtainable. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44459

M. D. B. 1265-9

F 44459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 W. Baltimore St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 65 yrs. ... mos. ... ds.

2. FULL NAME Patrick Kearney

(a) Residence: No. 1839 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta Kearney

6. DATE OF BIRTH (month, day, year) Aug. 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. P.D.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT Patrick Kearney Jr.
(Address) 1839 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/4/38 19

19. UNDERTAKER Elizabeth Stark Inc.
(Address) 11 E. West St.

20. FILED MAR 3 - 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1932, 19... to March 1, 1938

I last saw h/m alive on March Feb 26 1938. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance:

Chronic myocarditis & hypotension	
Diabetes mellitus	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O'Dolan, M. D.

(Address) 4 N. Calvert

F 14460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 14460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5345 Reisterstown Rd St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Noah Kirk

If U. S. Veteran specify WAR

(a) Residence: No. 5345 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L. Kirk

6. DATE OF BIRTH (month, day, year) February 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	-	5 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Frederick Kirk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles A. Kirk

(Address) 5345 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date March 4 1938

19. UNDERTAKER J. R. Lamorelle

(Address) 1003 E. Baltimore St.

20. FILED Huntington Williams M.D.

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 , 19 38

22. I HEREBY CERTIFY, That I attended deceased from 9/2 19 37 to 2/[illegible] 19 38

I last saw h[illegible] alive on 3/1 , 19 38 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Broncho Pneumonia	10 Dys
Pyelitis following Cystitis	1 Wk
Cachexia Cancer	
Arterio sclerosis	many yrs

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Fassett , M. D.

(Address) 3002 Groveland Ave.

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 3 14461

CERTIFICATE OF DEATH

√24 F 14461

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 2-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Waski

If U. S. Veteran specify WAR

(a) Residence: No. 2020 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/21/34

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
3	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joseph Waski

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Anna Selner

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Mar 4 1938

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED MAR 3 - 1938 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to March 1, 1938.

I last saw her alive on March 1, 1938. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James A. Henlan M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11462

CERTIFICATE OF DEATH 13 F 11462

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Montford St., 7-2 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Leo Butt

If U.S. Veteran specify WAR

(a) Residence: No. 615 N. Montford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Anna Butt

6. DATE OF BIRTH (month, day, year) March 2, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Wood Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Lee 00

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Jacob J. Butt

14. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER

15. MAIDEN NAME Roberta Easley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Wife - Anna Butt
(Address) 615 N. Montford ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cem. Date March 5 1938

19. UNDERTAKER Fred. Lansbrough
(Address) 740 Eutaw Pl

20. FILED 19 MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 2, 1938

I last saw h alive on March 2, 1938 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Hypertensive Cardio-Vascular-Renal Disease	
2. Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Auscultation - Manometer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14463 — CERTIFICATE OF DEATH — 108 F 14463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4020 Biddison Lane Ward)

Registered No. 27-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Waters

If U. S. Veteran specify WAR

(a) Residence: No. 4020 Biddison Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel R. Waters

6. DATE OF BIRTH (month, day, year) Dec. 8th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME James H. Hynson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Ellen D. Lilzinger

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. E. Courney
(Address) Biddison Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date March 7-38

19. UNDERTAKER Fredk Lassahn & Son
(Address) 7401 Belair Rd

20. FILED MAR 3 - 1938 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to March 3 1938

I last saw her alive on March 2 1938 Death is said to have occurred on the date stated above, at 5:03 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset March 1/38

Other contributory causes of importance: Chronic Vasc Renal Cardiac Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. S. Hendrix M. D.

(Address) 4515 Belair Rd

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL OR PEN AND INK. All items must be answered or "unknown" stated. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44464

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Arlington Ave. St. 27-10 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clinton B. Matthews

(a) Residence: No. 807 Arlington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME William W. Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth A. Allison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Mildred K. Harper
(Address) 3642 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Mt. Zion, Freelands Date March 4 1938

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 19 Registrar

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus — Date of onset

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1912 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

F 44465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44465

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6210 Pimlico Rd St., 37 Ward 5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs mos ds How long in U.S., if of foreign birth? yrs mos ds

2. FULL NAME Hannie M. Martin

(a) Residence: No. 6210 Pimlico Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: J. H. Martin

6. DATE OF BIRTH (month, day, year): 1868

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hopkinsville N C

FATHER

13. NAME: Pleasant Neal

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Rhoda Howard

16. BIRTHPLACE (City or town) (State or country): South Carolina

17. INFORMANT: Kathleen M. Martin

(Address) 6210 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Fairhill N J Date: 1/3/38

19. UNDERTAKER: Chas. H. Eppler & Son

(Address) 1017 W. Lafayette Ave

FILED MAR 8 1938 [illegible] Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938, to March 2, 1938

I last saw her alive on March 2, 1938, death is said to have occurred on the date stated above, at 6:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days
La Grippe	1 week

Other contributory causes of importance:

Arteriosclerosis	Many years
Chronic Colitis	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Culton M. D.

(Address) 3611 Pimlico Rd

F 14466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14466

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Emma A. Myers

If U. S. Veteran specify WAR .....

(a) Residence: No. 343 S. Smallwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Myers

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Charles Trager

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hoshour

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Edgar M - Arth. W. Myers (Sons)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pachwood Date 3/5/38

19. UNDERTAKER Longer & Haffner

(Address) 5305 Harford Rd

20. FILED ..... 19 .....

Registrar.

MAR 3 - 1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1938

22. I HEREBY CERTIFY, That I attended deceased from January 30 1938 to March 2 1938

I last saw her alive on March 2 1938 Death is said to have occurred on the date stated above, at 10:14 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas.	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lawrence J. Shumaker M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44467

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 9-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna V. Eckhardt

If U.S. Veteran specify WAR

(a) Residence: No. 918 Gorsuch Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Eckhardt

6. DATE OF BIRTH (month, day, year) Mar 29 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Fenton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Patterson Date 3/4/38 19

19. UNDERTAKER Leonard J. Rock
(Address) 5305 Harford Rd.

20. FILED 19
Registrar

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 37 to 3/1 38

I last saw her alive on 3/1 38 Death is said to have occurred on the date stated above, at 1108A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Manic depressive psychosis (depressed state)	11/37
Other contributory causes of importance:	
Coronary occlusion	20 Min.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Duncan P. Magee M.D.

(Address) 3326 Eastern Ave

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14468

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William Taylor

(a) Residence: No. 805 Harford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED 19 Huntington Williams, Md.
MAR 3 - 1938
VS 6 38608

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alconolism	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, state how ...

(Signed) F. K. Nielsen Coroner, M. D.

(Address) 2257 W Balto

THE MORGUE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Ida Amback

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14469

CERTIFICATE OF DEATH

95-B F 14469

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital If not in hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Ida Amback

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough apts Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dan'l Amback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Bergmann

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs H Amback (Address) Marlboro apt

18. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Date Mar 4 1938

19. UNDERTAKER Wm J Loudenslager & Son (Address) 1402 Eutaw Pl

MAR 3 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/28/, 1938, to 3/3, 1938

I last saw her alive on 3/2, 1938 Death is said to have occurred on the date stated above, at 1509 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/28/38
congestive Heart failure	2/28/38

Other contributory causes of importance:

Rheumatic Heart Disease	Chr.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr Sweet M. D.

(Address) Mt Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS FORM MUST BE FILLED OUT COMPLETELY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44470

CERTIFICATE OF DEATH

93-CF 44470

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Brookfield Ave. Ward) 23-1

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Koch

(a) Residence: No. 2504 Brookfield ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie S. Koch

6. DATE OF BIRTH (month, day, year) April 4, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 6T	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moritz Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Samuels

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Leo S. Koch

(Address) 2504 Brookfield Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oheb Shalom Cy. Date Mch. 4 1938

19. UNDERTAKER David Sondheim & Son

(Address) 2230 Eutaw Place

MAR 3-1938

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1937 to March 1st, 1938

I last saw him alive on March 1st, 1938 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1936
Insufficiency	1936
arterio Sclerosis	1935
Other contributory causes of importance:	
Pneumothorax, Spontaneous	1937
Bronchitis, pleurisy	1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Rob. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. G. Michaelson M. D.

(Address) 2230 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIAN should be careful supplied. AGE should be carefully state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 11471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11471

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No. 137

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Evans If U. S. Veteran specify WAR

(a) Residence: No. Smiths Island Md. St., ... Ward. Smith Island, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Tyler Evans

6. DATE OF BIRTH (month, day, year) Feb. 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster boat

10. Date deceased last worked at this occupation (month and year) 11-10-37

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Smith Island Md.

FATHER

13. NAME Loranza Evans

14. BIRTHPLACE (city or town) (State or country) Smith Is., Md.

MOTHER

15. MAIDEN NAME M. Ellen Tylor

16. BIRTHPLACE (city or town) (State or country) Smith Is., Md.

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Smiths Island Date Mar. 6 38

19. UNDERTAKER (Address) J. Bradshaw Crisfield Md

20. FILED MAR 3 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937, to March 3, 1938.

I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	unknown
Hypertrophy, prostate	1936
Cystitis, chronic, gangrenous	12-11-37

Other contributory causes of importance: over

Was an operation performed? Yes Date of see other side

For what disease or injury? Hypertrophy prostate; cystitis.

Name of operation see other side

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... no ..... If so, specify .....

(Signed) T. H. H. [illegible] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Balster)

✓ F 44472

44472 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Druid Hill Park (Street) 15-10 (Ward)
near Brookfield Ave

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. D. Balster

(a) Residence: No. 3908 Liberty Heights (Street) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne Balster

6. DATE OF BIRTH (month, day, year) May 6 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop
10. Date deceased last worked at this occupation (month and year) 3/1/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Balster
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. Anne Balster
(Address) 3908 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Mar 7 1938

19. UNDERTAKER John Weeks
(Address) 2006 Pleasant

Huntington Williams, N.T. Registrar

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1938

22. I HEREBY (CERTIFY) That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/1/38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) John A Craig M. D.
Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

(Musser) ✓ F 44473

M. D. P. 1268-9

44473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 160-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hospital, Baby Dsy St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Musser Baby Dsy
(a) Residence: No. 613 Old Home Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-2-38

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq Hosp

FATHER

13. NAME George Musser

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Pearl Lawrence

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs LA Lawrence
(Address) 614 Old Home Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Mar 3. 19 38

19. UNDERTAKER John Ulrich & Sons Inc
(Address) Huntington Williams, Mgr.
Registrar.

MAR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2- , 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw him alive on 5 30 PM. 1938 Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

Intra-Cranial Hemorrhage

Date of onset

over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Soda M. D.

(Address) M Franklin Sq. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14474

CERTIFICATE OF DEATH

× 89-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virgil L. Pruett

If U. S. Veteran specify WAR .....

(a) Residence: No. Sindletree, Ind St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	0	14	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Sindletree Ind

FATHER

13. NAME Virgil Pruett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mable Maxwell

16. BIRTHPLACE (city or town) (State or country) West Jersey

17. INFORMANT Mrs. Virgil Pruett (Address) Sindletree, Ind

18. BURIAL, CREMATION, OR REMOVAL Place Sindletree, Ind Date Mar 4, 1938

19. UNDERTAKER Mr. C. Ferguson & Sons (Address) Ft Wayne Ind

20. FILED MAR 3 - 1938 Huntington, Williams, Ind.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1938 to 3/2, 1938

I last saw him alive on 3/2, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bilateral Mastoiditis	1/23/38
Acute Encephalitis	2/24/38

Other contributory causes of importance .....

Was an operation performed? Yes Date of 2/28/38

For what disease or injury? Mastoiditis

Name of operation Bilateral mastoidectomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. R. Adams M. D.

(Address) Univ. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 44475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26034 (MB)

F 44475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15 Ward) 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Smith,

If U. S. Veteran specify WAR .....

(a) Residence: No. 1560 Fremont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/4/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	72	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Quarry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Priscilla Dutton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Mar 3 '38

19. UNDERTAKER T. J. Kelson

(Address) 1263 Pennsylvania Ave

20. FILED 19 ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1937 to March 1, 1938

I last saw him alive on March 1, 1938 Death is said to have occurred on the date stated above, at 9:51 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 3 - 1938

H

14476

HEALTH DEPARTMENT—CITY OF BALTIMORE

14476

CERTIFICATE OF DEATH

9-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4918 Curtis ave St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Potts

If U. S. Veteran specify WAR

(a) Residence: No. 4918 Curtis ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Amelia Schramm

6. DATE OF BIRTH (month, day, year) March 22 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John Potts

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Mrs. Thos. Murphy.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/4/38

19. UNDERTAKER Martin G. Flynn

(Address) 422 Light St

20. FILED MAR 3 1938

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26 1938 to Mch 1 1938

I last saw h alive on 3/1 1938 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset 11/2/38

Other contributory causes of importance

Cardiac Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No clinical Was there an autopsy? No

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin G. Flynn, M. D.

(Address) 1340 N Charles

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11477 HEALTH DEPARTMENT—CITY OF BALTIMORE 11477

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louise Walker

If U. S. Veteran specify WAR

(a) Residence: No. 1334 E. Fort Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. L. Walker

6. DATE OF BIRTH (month, day, year) Aug. 6. 189-4

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nicholas Schlick

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Louise Schulte

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) Jas. L. Walker 1334 E. Fort ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/5/38

19. UNDERTAKER (Address) Margret J. Flynn 1452 Light St.

20. FILED MAR 3 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938, to March 2, 1938.

I last saw h... alive on March 2, 1938. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Ventral Hernia	2-19-38
Post Operative Broncho-Pneumonia	2-28-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-23-38

For what disease or injury? Strangulated Ventral Hernia

Name of operation Ventral Herniectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George H. Bouillet M. D.

(Address) St. Joseph's Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSI... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH INFADING INK—THIS

F 14478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Light St. St. 23-2 Ward)

Length of residence in city or town where death occurred 28 yrs. ---mos---da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Grover C. Williams.

(a) Residence: No. 1446 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Catherine Williams.

6. DATE OF BIRTH (month, day, year) October 26, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	3 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Samuel Williams.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Amanda Samson.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Catherine Williams.(wife)
(Address) 1446 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem A.A. Date March 4 1938

19. UNDERTAKER Margaret D. Flynn
(Address) 1422 Light St

20. FILED ... 19... Registrar

AR 3 - 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver and Pancreas.	9 Mos
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 14, 1937

For what disease or injury? Carcinoma

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H. Reinhardt M. D.
Coroner

3/2/38 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44479

CERTIFICATE OF DEATH

√ 95B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Stahne

If U. S. Veteran specify WAR No Record

(a) Residence: No. Oakland Rd St., Ward.

(Usual place of abode) Halethorpe, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Richard R. Kahne

6. DATE OF BIRTH (month, day, year) April 11th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Charles Co Maryland

FATHER

13. NAME Francis Farrall

14. BIRTHPLACE (city or town) (State or country) Charles Co Md.

MOTHER

15. MAIDEN NAME Louise Richards

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT (Address) Richard R. Kahne Wolfe Range Balto. Co. Md

18. BURIAL, CREMATION, OR REMOVAL Lutheran Catonsville Md Mar 5th 1938

Place Date

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED MAR 4 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1938 to 3-3-, 1938

I last saw her alive on 3-3, 1938 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-3-38
Cholelithiasis & Cholecystitis	?
Hypertension Cardiovascular Disease.	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J. Slumanck M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 44480 HEALTH DEPARTMENT—CITY OF BALTIMORE 14480

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mamie Squires

If U. S. Veteran specify WAR Is Record

(a) Residence: No. 2012 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Squires

6. DATE OF BIRTH (month, day, year) June 30/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5-1	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Collins

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 5th 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED MAR 4 1938 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to Mar. 2, 1938

I last saw her alive on June 2, 1938 Death is said to have occurred on the date stated above, at 1515 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung c skin, bone, & arterial metastases	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 6

For what disease or injury? Biopsy for purposes of diagnosis.

Name of operation

What test confirmed diagnosis? Same Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Klemperer M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14181

14181

CERTIFICATE OF DEATH

V 108

13-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital) (Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WARS No Record

2. FULL NAME Harry E. Mondsnour

(a) Residence: No. 2858 Woodbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 22, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Was employed as Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John T. Mondsnour

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah H. Grahame

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. Lepson
(Address) 2858 Woodbrook Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 4th 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED 19 Registrar.

MAR 1 - 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis X-Ray & Clin. Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in giving information. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 14482 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14482

CERTIFICATE OF DEATH 53-D

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Grad Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Hammett Easter Gale

(a) Residence: No. 1704 St. Paul Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musicians

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hammett Gale

14. BIRTHPLACE (city or town) (State or country) Newport Ohio

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Earl W. Frey
(Address) 3404 Cayuga Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar 5 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1938 to March 2nd 1938.

I last saw him alive on March 1st 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows

Pneumonia
Malignancy (Epithelioma Tonsil)
Arteriosclerosis.

Date of onset
2-27
1937
ctd

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) W. Pratt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1938

F 4483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4483

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1735 Lancaster St., 2-3 Ward)

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Frank Thomas (Louis Kromicki) U. S. Veteran (Specify WAR or PEACE) World War

(a) Residence: No. 1735 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10 - 884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cider Pr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Coast Guard
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stanislaus Kromicki
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Wendowski
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Theodore Kromicki
(Address) No permanent address

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 3-4- 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Collins sts

21. FILED 19 Registrar

MAR 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hrs
Other contributory causes of importance: Arteriolosclerosis Chronic Nephritis and Diabetes Mellitus	some time

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. E. Woods, Coroner M. D.

(Address) 1212 N. Gay St. City

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 44484

44484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29664--RW

23-1V 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., and Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph King

(a) Residence: No. 1434 S. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, year) 11/17/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leakin Park Date March 5 1938

19. UNDERTAKER Edward Evans 1400 Edmondson Ave
(Address)

20. FILED MAR 4 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to March 3, 1938.
I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-25-38
Other contributory causes of importance: Cerebral hemorrhage	2-17-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. de Sautelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE... PHYSICIAN should be carefully supplied. AGE should be stated EXACTLY. ... information that it may be properly classified. Exact statement of ... CAUSE OF DEATH in plain terms, so ... OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44185

CERTIFICATE OF DEATH ✓ 51639--BHW 95-B F 44185

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Bundy

If U. S. Veteran specify WAR .....

(a) Residence: No. 535 Orchard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 6/9/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	7 8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 7 '38

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Eutaw Place Ave

FILED MAR 4 - 1938 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1938, to March 3, 1938.

I last saw her alive on March 3, 1938. Death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-20-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Des Lauriers M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44486 Sarah Ives F 44486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Penn ave St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Ives

If U. S. Veteran specify WAR .....

(a) Residence: No. 2120 Penn ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis Ives

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Alma Bradley
(Address) 1735 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date Mar. 5 1938

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey st

20. FILED ..... 19..... Registrar.

MAR 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/38, 19..... to 3/2/38, 19.....

I last saw her alive on 3/1/38, 19.... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Edema generalized	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Thiel, M. D.

(Address) 724 Park ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. information should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

F 4448?

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 4448?

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St., 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floretta Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1827 Division st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Arthur Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marion Nunelly

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Brown
(Address) 1827 Division st

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus cem Date March 4, 1938

19. UNDERTAKER Thomas E. Elson
(Address) 1303 Presstman st

20. FILED MAR 4 - 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basilary Lycentery	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1919 E. North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B41834 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44188 CERTIFICATE OF DEATH F 44188

Registered No. 136

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-S ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Leslie Behr

If U. S. Veteran specify WAR

(a) Residence: No. 505 Stratford Place Ward. Chicago Ill

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith

6. DATE OF BIRTH (month, day, year): 9-30-76

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4 5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER

13. NAME: Peter Behr

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sara Lord

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT (Address): Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Chicago Ill. Date: Mch. 5 1938

19. UNDERTAKER (Address): Wm. Mitchell Son 1500 Eutaw Place

20. FILED MAR 4 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17. 1938. to March 4. 1938

I last saw him alive on March 4, 1938. Death is said to have occurred on the date stated above, at 1 20 4 m.

The principal cause of death and related causes of importance were as follows:

Septicaemia — Date of onset Dec 1937

Other contributory causes of importance:

Arteriosclerosis Chronic Nephritis chronic 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyland F. Leadbetter M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, with PEN AND INK—THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. Physicians' information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

4489 ✓ F 4489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. St., 1307 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lillie Brown

(a) Residence: No. 3631 Kenwick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. Charles Brown

6. DATE OF BIRTH (month, day, year) June 15 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Granbury Poole

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles A. Brown (Address) 3631 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL

Interment Date Mar 5 1938

19. UNDERTAKER Thanhouser Son (Address) 2615 Pennsylvania Ave

20. FILED MAR 4 - 1938 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1938 to March 2 1938

I last saw her alive on March 2, 1938 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cerebral Embolism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 44490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44490

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Druid Hill Ave. Ward 14)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Thomas

☐ U.S. Veteran
specify WAR

(a) Residence: No. 1505 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Daniel Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Nichols

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary F. Thomas
(Address) 1505 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 3/5/38

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED MAR 4 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1938 to March 2, 1938

I last saw h[illegible] alive on March 2, 1938. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Arteriosclerosis, Cardiac
Chronic Nephritis

Date of onset
[illegible]
1935

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. McDonald, M. D.
(Address) 5444 Cary St.

V. S. 2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14491 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14491

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lacy

(a) Residence: No. 812 Peirce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mle

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): April 4-1889

7. AGE: Years 48; Months 10; Days 28; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hopewell Va

FATHER

13. NAME: James Lacy

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Hattie Pleasant

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mamie Lee

(Address) 812 Peirce St

18. BURIAL, CREMATION, OR REMOVAL

Place: Petersburg Va Date: 3/4 1938

19. UNDERTAKER: Frances A Hemsley

(Address) 578 W. Biddle St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mar 1 1938

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. Fellen M. D.

Coroner

(Address) 501 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible]. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAR 4 1938

44492

F 44492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Newington ave St., 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Solomon S. Baer

(a) Residence: No. 807 Newington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louise F.

6. DATE OF BIRTH (month, day, year) August 30-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. window dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) 2-26-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Isaac Baer

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME Hannah Sondheim

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louise F. Baer.

(Address) 807 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date March 6 1938

19. UNDERTAKER Ward Sondheim & Son

(Address) 1201 Eutaw St

20. FILED MAR 4-1938 ... Registrar. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3- 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-27- 1938, to 3-3- 1938

I last saw h[illegible] alive on 3-2- 1938 Death is said to have occurred on the date stated above, at 10.35 a m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2-27-38

Other contributory causes of importance

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland., M. D.

(Address)

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS IMPORTANT. PHYSICIANS should be careful to give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44193

F 44193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 E 25th St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathew A Walsh. Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 445 E 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Stacc.

6. DATE OF BIRTH (month, day, year) 11/30/1900.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	- 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leitrim Co. Ire.

FATHER

13. NAME Matthew A. Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Thos Walsh

(Address) 1150 27 St. Bl.

18. BURIAL, CREMATION, OR REMOVAL Date 3/5/38 19

Charles P Smith

19. UNDERTAKER Joseph F Young

(Address) 1308 Light St.

20. FILED MAR 4 1938 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death Fall from Platform of Fire escape	3/2/38
Fractured skull	

Other contributory causes of importance:

Was an operation performed? / Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? h.

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury 3/2 1938

Where did injury occur? 447 E 25th Balt Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home

Manner of injury Fall from fire Escape

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Gray M. D. Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S e

F 44494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. F 44494

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1212 McElderry St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Jane Sykes

(a) Residence: No. 1212 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Silas Sykes

6. DATE OF BIRTH (month, day, year) Jan. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General house-work
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Ransom Bennett
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward C. Sykes
(Address) 1212 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabeth [redacted] Date 3-5-1938

19. UNDERTAKER By [illegible]
(Address) 1218 McElderry St

20. FILED MAR 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to March 2, 1938. I last saw her alive on March 2, 1938. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Organic Heart Disease	Yrs. 1

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Phy. Exp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) R. Garland Schmidt M. D.
(Address) 1534 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH CARBON INK—THIS IS ESSENTIAL. PENCIL NOT ACCEPTABLE. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 3

F 44495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44495

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 27-17 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Samuel Goldberg

If U.S. Veteran specify WAR ....

(a) Residence: No. 3020 W. Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Goldberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Harry Goldberg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah Denis

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rebecca Goldberg

(Address) 3020 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Cem. Chevra Cemetery Date 3/6/38, 19

19. UNDERTAKER Jack Lodzinski

(Address) 1439 E. Baltimore St

20. FILED ....., 19 .....

Registrar.

MAR 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938 to 3-3, 1938

I last saw him/her alive on 3-3, 1938 Death is said to have occurred on the date stated above, at 11:45 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer Peritonitis	2-20-38 (?)

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Renal disease

Was an operation performed? YES Date of 3-2-38

For what disease or injury? Peritonitis

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Bernstein, M. D.

(Address) Sinai Hospital

S. B.—WRITE PLAINLY, with pen and ink. The information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14496

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infir. St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boris Feebow.

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 2nd St. N.W. St., Washington D.C. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Bertha Feebow

6. DATE OF BIRTH (month, day, year) Jan 2, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year) Feb 25, 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

FATHER

13. NAME Elliot Feebow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ? Klegkelow

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bertha Feebow.

(Address) 523 2nd St. N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Mount Pl. C. Chas Morton 3/6/38

19. UNDERTAKER Louis Lee

(Address) 1439 E. Balto St

26. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938, to Mar 3, 1938

I last saw h.. l.. alive on Mar 3, 1938 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3-3-38
Other contributory causes of importance: Post-Op. Shock.	3-3-38

Was an operation performed? Yes Date of 3-3-38

For what disease or injury? Duodenal ulcer.

Name of operation Gastric Resection - Polya op.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Ketz. M. D.

(Address) Church Home Infir.

MAR 4 1938

Huntington Williams, M.D.

information should be carefully supplied. AGE should be ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44197 CERTIFICATE OF DEATH V 122-2 F 44197

1. PLACE OF DEATH Home Registered No. 872

CITY OF BALTIMORE: (No. 08 S Dunbar St 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles C. Clarkson If U. S. Veteran specify WAR

(a) Residence: No. 08 S. Dunbar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Clarkson

6. DATE OF BIRTH (month, day, year) Feb. 3-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Otho H. Clarkson (Address) 08 S. Dunbar St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 3/5 '38

19. UNDERTAKER Durrett & Carpenter (Address) 210 W. Lanvale St

20. FILED MAR 4 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Arterio-sclerosis	Senility
Left inguinal hernia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 44498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44498

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Conway St. 2 2 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Owens

(a) Residence: No. 537 Conway St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allice C. Owens

6. DATE OF BIRTH (month, day, year) Dec. 15, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Owens

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lula Easter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthor B. Savage

(Address) 543 W. Berre

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 5th 1938

19. UNDERTAKER Joseph A. Sirgit

(Address) 1092 Mount Street

20. FILED ... 19 ... Registrar

MAR 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cereoral Hemorrnage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) R. H. O'Sullivan Coroner, M. D.

(Address) 1737 Linden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44499 F 44499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bach City Hospitals Registered No. 121

CITY OF BALTIMORE: (No. Bay View St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William . Jordan

(a) Residence: No. 530 S. Kanawha St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	3	8 10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calhoun Falls South Carolina

FATHER
13. NAME James Jordan
14. BIRTHPLACE (city or town) (State or country) Calhoun Falls South Carolina

MOTHER
15. MAIDEN NAME Elsie Trimpel
16. BIRTHPLACE (city or town) (State or country) Greensboro Md

17. INFORMANT James Jordan
(Address) 530 S. Kanawha St

18. BURIAL, CREMATION, OR REMOVAL
Place Greensboro Md Date Mar. 4 1938

19. UNDERTAKER R. B. Rawlings
(Address) Greensboro Md.

FILED MAR 4 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, ruptured Gangrenous Appendix	March 1938
Other contributory causes of importance: Appendicitis	March 1938

Was an operation performed? yes Date March 4 1938
For what disease or injury? ruptured appendix
Name of operation Appendectomy Date March 4 1938
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner
(Address) 1712 N. Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION IS REQUIRED BY LAW. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3F 2270
3F 14500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X146-D F 14500

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Williams

If U. S. Veteran specify WAR

(a) Residence: No. 2 Enson Ave Towson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas Williams

6. DATE OF BIRTH (month, day, year) 5-12-67

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 66	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation 0 0 0

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Mears

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Angeline

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date Mar 5, 38

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

FILED MAR 4 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb - 27, 1938 to March 2 - 1938

I last saw her alive on March - 2 1938. Death is said to have occurred on the date stated above, at 11 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with Extensive metastasis & Intestinal Obstruction.	?
Other contributory causes of importance: Arteriosclerosis & Hypertension.	

Was an operation performed? yes Date of Feb 28 1938

For what disease or injury? Carcinoma-Rectum Sigmoid

Name of operation Colostomy. Diagnosis by Laboratory Microscopic Examination.

What test confirmed diagnosis? Yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —no— If so, specify .....

(Signed) Frederick T. Cleveland M. D.

(Address) Johns Hopkins Hospital

I. B.—WRITE PLAINLY, with pen and ink and use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44501

CERTIFICATE OF DEATH

✓121 F 44501

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Bright

If U. S. Veteran specify WAR

(a) Residence: No. 620 Perkins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unice Bright

6. DATE OF BIRTH (month, day, year) Sept 15, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bright

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Josephine Price

16. BIRTHPLACE (city or town) (State or country) St Mary Co. Md

17. INFORMANT Josephine Bright
(Address) 620 Perkins St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Mar. 7, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

RECEIVED MAR 4 - 1938 Registered No. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1938, to Mar. 3rd, 1938

I last saw him alive on Mar. 3rd, 1938. Death is said to have occurred on the date stated above, at 10:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Proven	2/22/38
Bronchial Pneumonia	
Peritonitis	

Other contributory causes of importance:

Chronic Appendicitis

Was an operation performed? Yes Date of Jan 12th 1938

For what disease or injury? Chronic Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Sugar Jr. M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44502

CERTIFICATE OF DEATH

F 44502

92-a

Registered No. 317

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. E. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Susan Searles

(a) Residence: No. 868 Vine St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Searles

6. DATE OF BIRTH (month, day, year) Sept 9- 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Mitchell Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eleanor Crawford

16. BIRTHPLACE (city or town) (State or country) Ft. Mitchell Ala.

17. INFORMANT Julian Rayner Friend

(Address) 868 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 5, 1938

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St. Huntingtown Williams, Nyst

20. FILED MAR 4-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1933
Other contributory causes of importance: Arterio-sclerosis	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1112 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44503

CERTIFICATE OF DEATH

V 157-F 44503

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Jonnson

(a) Residence: No. 232 Rock St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Jonnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lortny Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lortny Jonnson

(Address) 232 Rock St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 5, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 s Schroeder St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Hospital, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Disease of Heart	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so,

(Signed) F. H. Creelman M. D.

(Address) 2357 E Monument

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 44504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

F 44504

Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Edward Jones

(a) Residence: No. 758 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jones

6. DATE OF BIRTH (month, day, year) Oct 18, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Winfield Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bouce Nailer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Jones
(Address) 758 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 5, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Edwards St. Huntingdon Pa.

20. FILED MAR 4-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) E. C. Mullen M. D.
Coroner

(Address) 3737 Huntingdon

F 44505

F 44505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View) St., 12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR.

2. FULL NAME Emma Sayles

(a) Residence: No. 805 Maryland Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herself

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME Edward Sayles Dead

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

MOTHER

15. MAIDEN NAME Adeline Page Dead

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT C. W. Sayles

(Address) 805 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Va Date Mar 4 1938

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

MAR 4 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1927
Other contributory causes of importance: Cirrhosis	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

E 14506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14506

CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH The Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., B3-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Suthard

(a) Residence: No. Florence Crittenden Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) January 31, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bob Gray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Evelyn Suthard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 4 - 1938

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

19.....

20. FILED MAR 4 - 1938 Registrar.

VS 3

3661 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1938 to February 15, 1938

I last saw her alive on February 15, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

prematurity

Date of onset

Other contributory causes of importance:

Congenital heart disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) ..... M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be made in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44507

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1036 Brentley Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) February 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Douglas Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Regina Holland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 4 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAR 4 - 1938 19..... J. J. E. Wil... Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1938 to February 5, 1938

I last saw h.i.m alive on February 5, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Placenta praevia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) ..... M. D.

(Address) The Johns Hopkins Hospital

3362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44508 — CERTIFICATE OF DEATH — V 95-B F 44508

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Gilmor St. 19-3 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rose Liney Brophy

If U. S. Veteran specify WAR ____

(a) Residence: No. 315 Gilmor St. Ward. ____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Wh.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Brophy

6. DATE OF BIRTH (month, day, year) June 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	8	16	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Conlon Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edmund Brophy (Address) 315 Gilmor

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date 3/5/38

19. UNDERTAKER Fred A. Krause & Son (Address) 1204 Charles St.

20. FILED MAR 4 - 1938 Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938 to March 2, 1938

I last saw her alive on March 2, 1938 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	About
	Feb 25,
Organic Heart Disease	
Other contributory causes of importance:	
Pulmonary Oedema	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. L. Nuckols M. D.

(Address) 101 N. Fulton Ave

F 14509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14509

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. ..... St., 26-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sara A Benner

If U. S. Veteran specify WAR .....

(a) Residence: No. 3904 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mrs Chas Stephen Benner

6. DATE OF BIRTH (month, day, year) Apr. 9- 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Fuchsmore

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Johanna Sensenz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Christopher Benner
(Address) 3904 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3/6 1938

19. UNDERTAKER John F Connelly
(Address) Essex Md.

20. FILED ..... 19..... Registrar

MAR 4- 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/28/ 1938 to 3/3/ 1938

I last saw her alive on 3/3/ 1938 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, ...

(Signed) Chas D Marek M. D.

(Address) Bon Secours Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Schnyder, M.D.

F 11510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11510

CERTIFICATE OF DEATH

X 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. Ward 6-5)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carol Ann Hull

If U. S. Veteran specify WAR

(a) Residence: No. 82 Kenlucp Road St., Ward Dundalk, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Charles Hull.

14. BIRTHPLACE (city or town) (State or country) Hagerstown Virginia

MOTHER

15. MAIDEN NAME Eliz. Simmons

16. BIRTHPLACE (city or town) (State or country) Monterey Virginia

17. INFORMANT Eliz. Hull (Mother)
(Address) 82 Kenley Rd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Midlands Mem. Pk. Date 3/5 1938

19. UNDERTAKER John G. Connelly
(Address) Essex, Md.

20. FILED MAR 4 1938 Huntington Williams, M.D. Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 (7½ a.m.) 1938 to March 3 1938

I last saw her alive on Mar. 3 1938 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-op. & Post anaesthetic Shock.	

Other contributory causes of importance:

Was an operation performed? Yes Date of Mar 3, 1938

For what disease or injury? Tonsilitis

Name of operation T. & adenoidectomy

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Katz M. D.

(Address) Church Home & Inf.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44511

93-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 E Baltimore St. 6-2 Ward)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha E. Wagner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2620 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J Wagner

6. DATE OF BIRTH (month, day, year) 2/28/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	—	— 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James H Starr

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sarah J Howard

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Elizabeth Hamilton
(Address) 2511 Alameda

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 4 19

19. UNDERTAKER John Ulmt
(Address) 2018 Orleans St

MAR 4 1938 Huntington Williams R.S.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1938

I HEREBY CERTIFY, That I attended deceased from February 28, 1938 to March 1, 1938

I last saw h... alive on March 1, 1938 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset about 1 year

Myocarditis

Other contributory causes of importance: Coronary Thrombosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation? None

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) John G Ormes M.D. M. D.

(Address) 26 E Preston St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR B

F 44512

F 44512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 164-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Bain

(a) Residence: No. 711 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprieter Boarding House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Police Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pa. Cem. Date 3/5 1938

19. UNDERTAKER Margt G. Flynn
(Address) 1420 Light St.

Huntington Williams, M.D. Registrar

MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison	
(Illumination Gas)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of (month, day, year) March 3, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burners of Gas Stove turned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Cruikshank M. D.
Coroner

(Address) 237 E 33rd

V S E

F 44512 WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 14513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14513

CERTIFICATE OF DEATH

Found in the Patapsco ✓ 167

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Fairfield Ave. St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Ford

2. FULL NAME Laura J. Warner

(a) Residence: No. 3241 Fairlawn ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ernst Bill Park

10. Date deceased last worked at this occupation (month and year) 2 20 38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas Warner

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Stultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Laura Warner (Wife)

(Address) 3241 Fairlawn ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to my death at the time and place stated above March 31 38

The principal cause of death and related causes of importance were as follows: 7:30 AM

	Date of onset
Bullet wound of head.	

Other contributory causes of importance: Nervous temporarily insane

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 2-27, 1938

Where did injury occur? Car, London and 41st M&R (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In garage

Manner of injury Shot self with pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

V S 6

NOTE—PLEASE PRINT WITH PENCIL OR PEN—INK. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR

F 44514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44514

25-4 V 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Fourth St. Brooklyn St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma A. Templeton.

(a) Residence: No. 3623 Fourth St. Brooklyn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Orlen F. Templeton.

6. DATE OF BIRTH (month, day, year) October 31, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER

13. NAME William B. Pendleton.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Nancy Alley.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Orban F. Templeton. (husband)

(Address) 3623 Fourth St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul st

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Leonhardt M. D. Coroner

3/4/38 (Address) 1017 S. Charles St.

V S 6

A F 44515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44515

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3505 N Garrison Ave 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Johnston

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3505 N Garrison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Anna M. Johnston

6. DATE OF BIRTH (month, day, year) April 19th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 5/ 38

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Johnston

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lester Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna M. Johnston

(Address) 3505 N Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 7th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED MAR 5 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to March 4 1938

I last saw him alive on March 3 1938 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	several yrs ago
Other contributory causes of importance: Uremic Poisoning	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Keown M. D.

(Address) 1938 Linden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14516 HEALTH DEPARTMENT—CITY OF BALTIMORE 14516

CERTIFICATE OF DEATH

V 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. - Balto. St. 9-4 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Wm Bradford

H U S Veteran (specify WAR) No Record

(a) Residence: No. 1777 Belmont Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mabel Avis Bradford

6. DATE OF BIRTH (month, day, year) Nov 27th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter on 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Samuel Bradford

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Bertha Wall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs A. G. Ford

(Address) 1125 Md. Ave. N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 5th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR. 5 - 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/31, 1938, to 3/3, 1938

I last saw h[illegible] alive on 2/2, 1938. Death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 mos
Other contributory causes of importance: Rheumatic endocarditis	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Orland Harvey M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44517

CERTIFICATE OF DEATH

93-c

12-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3211 N. Charles Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah B. Klinefelter

If U. S. Veteran specify WAR

(a) Residence: No. 3211 N. Charles Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo A. Klinefelter

6. DATE OF BIRTH (month, day, year) Mar-8-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	5 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Wm. J. Young

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Catherine Eichelberger

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Geo. Y. Klinefelter

(Address) Owings Mills Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 3-5-38 19

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED MAR 5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938 to March 3, 1938.

I last saw her alive on March 3, 1938. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Thrombosis	Final
Myocarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Brady M. D.

(Address) 1403 Park Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14518

CERTIFICATE OF DEATH 27040 (MB)

Registered No. 14518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-247-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Langston

If U. S. Veteran specify WAR

(a) Residence: No. 906 Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lucy

6. DATE OF BIRTH (month, day, year) 4/16/~~1888~~ 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~88~~ 40 ~~yrs~~	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Gaston

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 3/7/38

19. UNDERTAKER Thomas E. Phelan
(Address) 130 S. Arlington Ave

20. FILED MAR 5 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1937 to March 3, 1938.

I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 11 55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44519

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C Wingling

(a) Residence: No. 473 Park Heights ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Wingling

6. DATE OF BIRTH (month, day, year) Nov. 15 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poomoke City Md

FATHER

13. NAME Samuel Ellis

14. BIRTHPLACE (city or town) (State or country) Poomoke City Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Guy H Wingling

(Address) 473 Park Heights ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/7/38 19

19. UNDERTAKER George W. Zickler

(Address) 1737 Eagan St.

20. FILED MAR 5 - 1938 Huntington Williams, Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to [illegible] on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L left hip	
Other contributory causes of importance: Myocarditis	

Was an operation performed? Yes Date of 3/4/38

For what disease or injury? Fractured hip.

Name of operation Reduction with pin Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2/12 1938

Where did injury occur? 473 Pk. Heights Ave Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck Coroner M. D.

(Address) 1117 E. Pratt St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14520

#31252

82-a SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Life St. 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Beavin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1418 Mill Race Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 11/10/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Murphy

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Nancy Ault

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Where St. Mary's Cemetery Date March 7, 1938

19. UNDERTAKER Thomas Lane

(Address) 36 S. Paca St.

20. FILED MAR 5 - 1938 Hunting to Williams, Reg.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 3, 1938.

I last saw her alive on March 3, 1938. Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-38
Other contributory causes of importance:	
Cerebral hemorrhage	2-28-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Louble, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44521

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 20-3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. James Edward Pettie.

(a) Residence: No. 100 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Pettie.

6. DATE OF BIRTH (month, day, year) Feb 14 1888.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 49		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Willie Pettie

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Gulahan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Della Pettie
(Address) 3215 E. St. S.E. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Cemetery Date March 7, 1938

19. UNDERTAKER Sherwood & Son
(Address) 3615-17 Eastern Ave

20. FILED ... Huntington Williams, M.D. Registrar.

MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26 . 1935 to 3-7 . 1938

I last saw him alive on 3-3 . 1938 Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myloid Leukemia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. Magruder Sims M. D.

(Address) Md. General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14522

CERTIFICATE OF DEATH

11-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3162 Elmora Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Ward.

If U. S. Veteran specify WAR

(a) Residence: No. 3162 Elmora Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha B. Ward.

6. DATE OF BIRTH (month, day, year) Sept 24, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Stamping Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joseph Ward

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Jane Murray

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Bertha B. Ward

(Address) 3162 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date March 8, 1938

19. UNDERTAKER Edmondson Son

(Address) 3615 Edmondson Ave

20. FILED MAR 5 - 1938, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1938 to March 4th, 1938

I last saw him alive on March 4th, 1938. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	3/2/38
Other contributory causes of importance: Virulent Influenza	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. G. Tillett M. D.

(Address) 3615 Falls Rd. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14523

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Fleet St. St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Tilles

If U. S. Veteran specify WAR .....

(a) Residence: No. 2523 Fleet St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tilles

6. DATE OF BIRTH (month, day, year) Nov 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prodruce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Tilles

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Dora Green

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Mary Tilles

(Address) 2523 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 7, 1938

19. UNDERTAKER John A. Mann

(Address) 3000 E. Balto St.

20. FILED ..... 19..... Registrar.

MAR 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to March 2, 1938

I last saw him alive on March 2, 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage	
(2) Arterio-Sclerosis	
(3) Hypocondria	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Kurowski M. D.

(Address) 2579 Eastern Ave.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44524

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran specify WAR

2. FULL NAME Gabila Espin

(a) Residence: No. 1535 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belto. Md.

FATHER

13. NAME John Espin

14. BIRTHPLACE (city or town) (State or country) Philippine Island

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Espin

(Address) 1535 Division St.

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 5 - 1938 19

Place

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

MAR 5 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Coroner

MAR 5 - 1938

V S 6

3564 77

information should be carefully supplied. A.E. should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14525 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14525

CERTIFICATE OF DEATH 12843 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 26 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Peterson or Beulah Pittman If U. S. Veteran specify WAR .....

(a) Residence: No. 408 Pearl St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/29/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	22	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Peterson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Ellis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 5 - 1938
Place Date 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED MAR 5 - 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1936 to 2-28 1938

I last saw her alive on 2-27 1938. Death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pott's Disease of Spine	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-25-36

For what disease or injury? Pott's Disease

Name of operation Spinal Fusion

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44526

CERTIFICATE OF DEATH

93-C F 44526

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Calvert St. St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. OMeara

If U. S. Veteran specify WAR Spanish

(a) Residence: No. 900 N. Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Not Employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrict OMeara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Donohue

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jos. A. Parker

(Address) 524 Arlington Ave. Govans.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/7 1938

19. UNDERTAKER P. P. Thayer

(Address) 1620 Linden Ave No

MAR 5 1938 19 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 3707 Eastern

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

Birkenbach ✓ F 44527

F 44527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Chesterfield Ave. St., 26-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs mos da

2. FULL NAME Grace C. Berkenbach

If U. S. Veteran specify WAR .....

(a) Residence: No. 3208 Chesterfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorenz Berkenbach

6. DATE OF BIRTH (month, day, year): June 8-1914

7. AGE: Years 24 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: William Henrika

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Jena Siegel

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Jena Siegel

(Address) 3208 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem March 7 '38

19. UNDERTAKER: J. C. Otterson & Son

(Address) 3000 Pentwsky Ave

Huntington Williams, N.Y.

MAR 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Sept. 1936

I last saw her alive on Sept 1936 Death is said to have occurred on the date stated above, at 5.45a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis (advanced) — Date of onset 1936.

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert S. Hunellarb, M. D.

(Address) 5444 Belair Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14528 14528

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 132 S. Ellwood Avenue 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Henry Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 132 S. Ellwood Avenue ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Loesch

6. DATE OF BIRTH (month, day, year) Jan. 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 30 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Lechner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Bussman

(Address) 505 Eveshan Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Ceme. Date Mar. 3, 38

19. UNDERTAKER H. Sander & Son, Inc. Geo. F. Sander

(Address) Baltimore St. & Broadway

20. FILED MAR 5 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938, to March 3, 1938

I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/17
Other contributory causes of importance: Valvular Dis Heart	1 Yr

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Weer M. D.

(Address) 4708 Park Ave

Information furnished on this certificate supplies data for statistical purposes only. It may not be used as evidence in any court for any purpose whatsoever. Exact statement of cause of death is necessary. Also, kindly see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44529

CERTIFICATE OF DEATH

131 F 44529

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1806 W. Lombard St St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew M. Marks

If U. S. Veteran specify WAR

(a) Residence: No. 1806 W. Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet A. Marks

6. DATE OF BIRTH (month, day, year) April 9, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fore_ C & P Tel Co

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 38yrs

12. BIRTHPLACE (city or town) (State or country) A.A.County Md

FATHER

13. NAME Henry Marks

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bennett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harriet A. Marks
(Address) 1806 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date March 7th 38

19. UNDERTAKER Rolf C & B. M. Walter
(Address) Pratt & Stricker Sts

20. FILED MAR 5 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Mar 3 1938

I last saw him alive on Mar 2 1938. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
arterio-sclerosis,	
nephritis.	
Contributory causes of importance: Cardiac dilatation	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Edmund L. Foner M. D.
(Address) 2379 Arunah Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44530 F 44530

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Fairview ave St., 2 Ward)

Registered No. 45-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora D Warren

If U. S. Veteran specify WAR

(a) Residence: No. 3500 Fairview ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pontious

6. DATE OF BIRTH (month, day, year) 7/1/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cooksville Md

FATHER

13. NAME John W Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura V Coates

16. BIRTHPLACE (city or town) (State or country) Ellicot City Md

17. INFORMANT (Address) Jeanette Palmer 3500 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL Place Cooksville Md Date 3/6 38

19. UNDERTAKER (Address) William A Jackson 916 Fairmount Ave Washington Williamsport Md

20. FILED MAR 5 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to March 3, 1938

I last saw her alive on March 3, 1938. Death is said to have occurred on the date stated above, at 10.15P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Gen. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Thos D Hardesty Jr M. D.

(Address) 703 W Lafayette ave

This information is required by law. Answer all questions applicable. Any false statement may be punishable by fine or imprisonment. Type or print plainly in ink. Use only standard abbreviations. Spell out all words. Do not use ditto marks. If unknown, state so. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44531 F 44531

CERTIFICATE OF DEATH

Registered No. 956B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HARRY L. HOOS (J. Harry L. Hoos) If U. S. Veteran specify WAR

(a) Residence: No. 5702 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth C. Hoos

6. DATE OF BIRTH (month, day, year) Aug 26-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	6-7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas Elec. Co

10. Date deceased last worked at this occupation (month and year) 1/

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Henry C. Hoos

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cecilia Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elizabeth C. Hoos
(Address) 5702 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar 7 1938

19. UNDERTAKER J. B. Tippett & Son
(Address) 3600 Eastern Ave.

20. FILED MAR 5 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1938 to MARCH 3, 1938

I last saw him alive on MARCH 3, 1938 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-28-38

Other contributory causes of importance:

Hypertensive cardiovascular disease — ?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Fellman, M. D.

(Address) University Hospital.

F

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14532

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Ramsey Street St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOHN L. SMITH

(a) Residence: No. 2011 Ramsey Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Smith

6. DATE OF BIRTH (month, day, year) Sept. 8-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	27 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Philip Smith

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Karmordt

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Emma M. Misselhorn
(Address) 2011 Ramsey Street

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Mar. 5 /38

19. UNDERTAKER F. D. Nisbet & Son
(Address) 1300 EUTAW PLACE

MAR 5 1938

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1938, to March 7, 1938

I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 28
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Morris B. Scheidt M. D.

(Address) 54 S. Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

14533 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14533

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital St. (Ward) 26-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME William Schmidt

(a) Residence: No. 4215 Roslyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellenora C. Schmidt

6. DATE OF BIRTH (month, day, year) July 29-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Box

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufr

10. Date deceased last worked at this occupation (month and year) 9-37

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Pensel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ellenora C. Schmidt

(Address) 4215 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Mar 7 1938

19. UNDERTAKER Roszel Funeral Home

(Address) Huntington Williams, N.Y.

MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-38

22. I HEREBY CERTIFY, That I attended deceased from 2-18-38, 19 to 3-4-38, 19

I last saw h alive on 3-4-38, 19 Death is said to have occurred on the date stated above, at 11 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Staph. + Strept (Throat)

Date of onset 2-18-38

Other contributory causes of importance:

Pulmonary infarct - Acute

Terminal Pneumonia - primary

Coronary + Hypertension

Name of operation 2-22-38 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Lowe, M. D.

(Address) Franklin Sq Hospital

Information should be carefully supplied. ALL blanks must be filled. UNKNOWN or NOT KNOWN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44531

CERTIFICATE OF DEATH

93-CF 44534

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Trainor Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Annie King

If U. S. Veteran specify WAR

(a) Residence: No. 3402 Trainor Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. R. King

6. DATE OF BIRTH (month, day, year) June 27, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~75~~	69	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (Month and year) Jan. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Mary J. McDonald

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Mrs. George M. Cook

(Address) 3402 Trainor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. [illegible] Cem. Randallstown Date March 7 1938

19. UNDERTAKER J. R. Amoroso

(Address) 1005 N. Fulton Ave.

Filed MAR 5 1938 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938 to March 4, 1938

I last saw h[illegible] alive on March 3, 1938. Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Hypertension	—
Chronic Myocarditis (aut.)	—
Other contributory causes of importance:	
Vasomotor collapse	3/1/38
Myocardial Insufficiency	3/1/38

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel W Wilson M. D.

(Address) 5721 Park Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

LONDON

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

F 44535 — REGISTERED NO. F 44535

1-PLACE OF DEATH

City of BALTIMORE: (No. 1730 Chesapeake ave. St., (Fairfield) Ward)

(If death occurred a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Laudon

(a) RESIDENCE NO. 1730 Chesapeake av. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 53 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Factory 0040

(c) Name of employer

9 BIRTHPLACE (city or town) Columbia, (State or country) S. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Estella Williams (Address) 1730 Chesapeake ave

MAR 5 - 1938 19 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 3/38 3/3 — 1938

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to Mar. 3 — 1938

that I last saw h[illegible] alive on 3/3 — 1938

and that death occurred, on the date stated above, at 9308

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. 1 mos. 10 d

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. — mos. 10 d

18 Where was disease contracted —

if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1340 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — Date of Burial 3-6 19

20 UNDERTAKER James A Hayes W. Hd ADDRESS 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44536

CERTIFICATE OF DEATH

F 44536

186

1. PLACE OF DEATH Home

Registered No. 7877

CITY OF BALTIMORE: (No. 205 S. Carolina St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sam McAllister

(a) Residence: No. 205 S. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Sam McAllister

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Garrison

(Address) 333 S. Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 5 1938

19. UNDERTAKER Geo. Weber

(Address) 1000 E. Baltimore St

Huntington Williams Co. Inc.

20. FILED MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-25-38
due to fall while intoxicated.	
Other contributory causes of importance:	
Alcoholism Injury to skull	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 25, 1938

Where did injury occur? 205 S. Carolina St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury Fell down stairs

Nature of injury Injury to skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44537

1. PLACE OF DEATH Penitentiary City Hospital — Registered No. 190

CITY OF BALTIMORE: (No. Bay View St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR.

2. FULL NAME Patrick Rowan

(a) Residence: No. 912 S. Fremont St. (City Jail) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17-1884

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
53	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie Pa.

FATHER

13. NAME Colin Rowan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Toland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient (Address) Penitentiary Hospital

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date 3/5 1938

19. UNDERTAKER John J. Tahaney & Son (Address) 1310 Light St.

FILED 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	5 days
Other contributory causes of importance: Gunshot wound of left thigh	14 days

Was an operation performed? No Date of ___

For what disease or injury? Gunshot wound of left thigh

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R5-1938

V S 6

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State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44538

HEALTH DEPARTMENT—CITY OF BALTIMORE

44538

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1546 Biddle St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Monroe Hurtt

(a) Residence: No. 1546 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burkesville Va.
(State or country)

FATHER

13. NAME Alex Hurtt

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Cecelia Flournoy

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Taylor Hurtt
(Address) 1546 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 5, 1938

19. UNDERTAKER Mrs. R. A. Elliott and Daughter
(Address) 1224 E. Caroline St.

Huntington Williams
Registrar.

20. FILED MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1937 to March 3, 1938

I last saw h alive on March 3, 1938. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	
Chronic Nephritis	1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Odom B. LeCroy M. D.

(Address) 1134 Caroline St.

M. D. P. 1268-9

✓ F 44539

F 44539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie M. Bixx

(a) Residence: No. 4911 Catalpha Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 22, 1887

7. AGE: Years 50 | Months 3 | Days 9 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Philip Bixx

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Espey

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

17. INFORMANT: Mrs. Dorothy J. Reed

(Address) 4911 Catalpha Rd. Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Mar. 5, 1938

19. UNDERTAKER: G. Howard Strong

(Address) 715 Light St.

20. Mar 5 1938 Williams, R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937 to Mar. 3, 1938

I last saw h[illegible] alive on Mar 3, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	over

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Dodaro, M. D.

(Address) Franklin Sq Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 5-1938

14540

HEALTH DEPARTMENT—CITY OF BALTIMORE

14540

CERTIFICATE OF DEATH

X 12-1

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U.S. ... If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Norman T. Hoerl

(a) Residence: No. Holmes Ave., St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caddy 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Golfing Rd Boy Club

10. Date deceased last worked at this occupation (month, day, year) 2/25/38

11. Total time (years) spent at this occupation 8 Mos.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME August Hoerl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Grace Hoerl

(Address) Home ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cem. Date Mar 7 38

19. UNDERTAKER Easton Sons

(Address) Edmondson Ave

20. FILED MAR 5 - 1938 Huntington Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1938, to March 4, 1938

I last saw h. alive on March 4, 1938. Death is said to have occurred on the date stated above, at 1:16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	3-3-38
Generalized Peritonitis	- ?
Other contributory causes of importance:	
General Toxemia	
Vaso motor Collapse	

Was an operation performed? Yes Date of Feb. 25, 1938

For what disease or injury? Appendicitis - ruptured

Name of operation - Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH 26

CITY OF BALTIMORE: (No. 921 Fairfield St. 10-2 Ward)

Registered No. E 44511

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Ursulina Kunder

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Notre Dame

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Kunder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Singer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sist. Notre Dame.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cliff Date Mar 7 1938

19. UNDERTAKER Geo M. Frankstone
(Address) 811 N Wolfe St.

20. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1938 to March 4 1938

I last saw h... alive on March 3 1938 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver with ascites	1936
Other contributory causes of importance: Chr. Pancreatitis	over ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William P. Fraught M.D.

(Address) 106 Bedale St

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAR 5 - 1938

F 44512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44512

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Lexington St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Quinn

If U. S. Veteran specify WAR

(a) Residence: No. 1819 Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rose Quinn

6. DATE OF BIRTH (month, day, year) March 10 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 58	11	2123	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frackenville

FATHER

13. NAME Patrick Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Brannan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Rose Quinn
(Address) 1819 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 7, 1938

19. UNDERTAKER Elizabeth Harle, Inc.
(Address) 115 E. West St.

20. FILED MAR 5 1938 19... Registrar. Williams M.D.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 3, 1938

I last saw him alive on March 3, 1938 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Exhaustion	3/2/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/4/38 (Signed) R. E. Campbell M. D.
(Address) 1644 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14513

16-6 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Edmondson Ave. St., 16 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Alexander,

(a) Residence: No. 2930 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Alexander.

6. DATE OF BIRTH (month, day, year) November 27. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wm. Vaughan,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Charles Alt.
(Address) 2930 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date MAR 7 1938

19. UNDERTAKER Geo W Eade
(Address) 2700 Edmondson Ave.

20. FILED MAR 5 1938 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937 to Mar 5, 1938

I last saw her alive on Mar 4 1938, Death is said to have occurred on the date stated above, at 4 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	1936
Cerebral hemorrhage	2/24/38
Other contributory causes of importance:	
Bronchio pneumonia	3/3/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L Kipp M. D.

(Address) 3030 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44544

CERTIFICATE OF DEATH

115-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin Coleman

If U.S. Veteran specify WAR ...

(a) Residence: No. Rock Hall Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~~~~

6. DATE OF BIRTH (month, day, year) July 22 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	67	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Wm H Coleman.

14. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER

15. MAIDEN NAME Margaret Hodges

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sinai Hospital Records

(Address) E. Monument Street

18. BURIAL, CREMATION, OR REMOVAL Wesley Chapel Cem Rock Hall Md 3/6/38

Date

19. UNDERTAKER Marion V. Williams

(Address) Chestertown Md.

20. FILED MAR 6 - 1938 Marion V. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/4/38, 19..., to 3/5/38, 19...

I last saw him alive on 3/5/38, 19... Death is said to have occurred on the date stated above, at 12.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulonephritis	Feb 24

Other contributory causes of importance:

Anuria

Generalized Anasarca

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44515

CERTIFICATE OF DEATH

953

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-2 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Moses Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 3111 Barcley St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/6/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Puig

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hosanna Mem Harford Co Date 3/7/38

19. UNDERTAKER Herbert A. Bailey
(Address) Darlington Md.

FILED 1938 .....

.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to March 5, 1938

I last saw h[illegible] alive on March 5 1938. Death is said to have occurred on the date stated above, at 1:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1935
Other contributory causes of importance: Arteriosclerotic Heart Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

MAR 6 1938

Huntington Williams, M.D.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

3431 44546

HEALTH DEPARTMENT—CITY OF BALTIMORE 44546

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Gray

If U. S. Veteran specify WAR

(a) Residence: No. Lanvale Apt 6 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) July 13/1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Gray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reads
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash DC Date 3/6/38

19. UNDERTAKER Milton F. Nelson
(Address) 1. A. S. E. Washington D.C.
14053

20. FILED MAR 6 - 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to Mar 4, 1938

I last saw her alive on Mar 4, 1938 Death is said to have occurred on the date stated above, at 3 23 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	over
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas A. Bean, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 44547

44547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 Mt Royal Ave Ward 13-3)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Franklin Poague McGlamery U. S. Veteran? Specify WAR No Record

(a) Residence: No. 2028 Mt Royal Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~: Mary

6. DATE OF BIRTH (month, day, year): Dec 12 1879

7. AGE: Years 58 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Instructor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Staunton Va

FATHER
13. NAME: Rudolph McGlamery
14. BIRTHPLACE (city or town) (State or country): Staunton Va

MOTHER
15. MAIDEN NAME: Mary Poague
16. BIRTHPLACE (city or town) (State or country): Staunton Va

17. INFORMANT (Address): Nancy McGlamery 2028 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL: Date Mar 8 1938
Place: Churchville

19. UNDERTAKER (Address): Wm Cole 1217 E Fayette St

20. FILED: Mar 8 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 5 1938 10:30 am

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to March 5 1938

I last saw him alive on 3/5/38 1938. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon Descending	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 1935

For what disease or injury?

Name of operation Resection

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Woods M. D.

(Address) 6403 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. If OCCUPATION is very important. See instructions on back of certificate.

MAR 8 - 1938

F 44548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44548 #31316 SF

CERTIFICATE OF DEATH

136-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Luke Fields

(a) Residence: No. 160 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. A031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Mar 7th 38

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 6 - 1938 Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 3-3 , 1938 to 3-4 , 1938.

I last saw him alive on 3-4 , 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral strictures (?)	last years
acute urinary retention	four days
Uraemia	four days
Bronchopneumonia	four days

Other contributory causes of importance:

Was an operation performed? yes Date of 3-3-38

For what disease or injury? urinary retention

Name of operation Supra pubic cystostomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) K K Woodward Jr. , M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 44549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44549

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lillian Wolf.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 922 University Pkway. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Dr. Chas. A. Wolf

6. DATE OF BIRTH (month, day, year) June 4th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 14, 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Mac Kechnie

14. BIRTHPLACE (city or town) (State or country) New York. N.Y.

MOTHER

15. MAIDEN NAME Mary B Slater

16. BIRTHPLACE (city or town) (State or country) New York. N.Y.

17. INFORMANT J. Calvin Wolf

(Address) 401 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar

Henrietta L. Wilhelm, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to March 4 1938

that saw h.er alive on March 4 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 15, 1938

For what disease or injury? Inguinal Hernia

Name of operation Herniaplasty.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant Lynch, M. D.

(Address) Mercy Hospital.

MAR 6 - 1938

F 44550 ✓ F 44550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ella Corbin

(a) Residence: No. 1512 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) July 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc K.W. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Issic Johnson

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Barnard Corbin

(Address) 1512 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co Va Date March 7 1938

19. UNDERTAKER Eugene Waters

(Address) 1200 Brantley Ave

20. FILED 19 Registrar

MAR 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Inquist (Inquest or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 2-13-1938 19

Accident, suicide, or homicide?

Where did injury occur? McCulloh & Mosher Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while crossing street

Nature of injury Fracture of left radius & left tibia

24. Was injury in any way related to occupation of deceased? No connection bet the accident & Death If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

44551

HEALTH DEPARTMENT—CITY OF BALTIMORE

44551

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-1 Ward) Registered No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Virginia Rose McCormick If U. S. Veteran specify WAR .....

(a) Residence: No. 3807 Pendennis Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced (or) WIFE of R A McCormick

6. DATE OF BIRTH (month, day, year) Feb 26 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME L F Fowler

14. BIRTHPLACE (city or town) (State or country) Summerset Co Md

MOTHER

15. MAIDEN NAME Virginia H White

16. BIRTHPLACE (city or town) (State or country) Summerset Co Md

17. INFORMANT R C McCormick

(Address) Kenilworth Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 3/7/38

19. UNDERTAKER Henry Hendricks Sons

(Address) Eldersburg, Md. Gallagher St

FILED MAR 6 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-38

22. I HEREBY CERTIFY, That I attended deceased from 2-18-38 to 3-4-38

I last saw h[illegible] alive on 3-4-38 Death is said to have occurred on the date stated above, 1035 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart (Heart Failure)	4 hrs.
Arteriosclerotic Heart Disease (2 yrs. late failure)	4 hrs.
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Bl. Chem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. D. Gundry M.D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 44552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44552

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 218 Tunbridge Road St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Chauncey Hall

(a) Residence: No. 218 Tunbridge Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mary Pratt Hall

6. DATE OF BIRTH (month, day, year) March 21 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of the Foster Boulton Mfg Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reeds & Bed springs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles W Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lillian A Hall (Sister)
(Address) 218 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date March 7 1938

19. UNDERTAKER Henry W Jenkins & Sons
(Address) Oakland & Harford Aves

Filed MAR 6 - 1938 Lincoln Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schenken M. D. Coroner

(Address) 1412 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last ... of OCCUPATION is very important. See instructions on back of certificate.

V 5 8

F 44553

44553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Goodman

If U.S. Veteran (specify WAR .....)

(a) Residence: No. 1619 Ruxton ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gamer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 42

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Goodman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Goodman Father (Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Lebanon Date 3/6 1938

19. UNDERTAKER Jack Lamb Inc (Address) 1434 E. Balto St

20. FILED MAR 6 - 1938 ..... 19 ..... H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938 to March 4, 1938

I last saw him alive on March 4, 1938 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	June? 1937.
Multiple Embolism →	Jan. 1938
Other contributory causes of importance: Hemiplegia - left side	Jan. 1938

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

14551 HEALTH DEPARTMENT—CITY OF BALTIMORE D 14551

CERTIFICATE OF DEATH ✓ 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 W. Fayette St., St. 18-2 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isrdel Kaplin

(a) Residence: No. 1000 W. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male White	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Kaplin

6. DATE OF BIRTH (month, day, year) Sept 10 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59 60	5	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groecry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Kaplin

(Address) 1000 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 3/6 1938

19. UNDERTAKER Rock Levin Inc

(Address) 1439 E. Pato St

20. FILED 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 5

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles Glenn M. D.
Coroner

(Address) 1822 W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 6 1938

V 56

44555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44555

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Chestnut ave St. 3-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Ann Palmer

If U. S. Veteran specify WAR

(a) Residence: No. 3304 Chestnut St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lawrence W. Palmer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lilly M. Matthias

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT L. W. Palmer

(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date March 7, 1938

19. UNDERTAKER Chenowith Sons

(Address) 2815 W. Pratt St. Balto

20. FILED ... 19 ... Registrar

MAR 6 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to Mar 5, 1938

I last saw her alive on Mar 4, 1938 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of Foramen Ovale to close. "Blue Baby"	2 days
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Howard K. Taussig M. D.

(Address) 2020 E. Chase St.

OCCUPATION is very important. See instructions on back of certificate.

E 44556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44556

CERTIFICATE OF DEATH

X 160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Albers (B)

(a) Residence: No. Chesaco Park Back River Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 28 1938.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp. Baltimore Md.

FATHER

13. NAME Walter W. Albers.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ethel Blackburn.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter W. Albers.
(Address) Chesaco Park, Back River

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleyn Date Mar 7, 1938

19. UNDERTAKER Cheswell & Son
(Address) 3615 Chestnut Ave.

20. FILED ..... 19 ..... Registrar.

MAR 6 - 1938 Hunting ... in Williamsville, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4. 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1938. to March 4 1938.

I last saw h.. alive on March 4. 1938. Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Hemorrhagic Disease of New Born	
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Warren Albullon M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 44557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44557

CERTIFICATE OF DEATH

89-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton aves St., 3 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Hubbs

(a) Residence: No. 3650 Malden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 22 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Raymond Hubbs.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Stella Bell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Raymond Hubbs.
(Address) 3650 malden ave.

18. BURIAL, CREMATION, OR REMOVAL
Good Shepherd Cem. Date March 8 1938

19. UNDERTAKER The Howard P. Foos Co.
(Address) 3611 Edmondson Ave.

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1938, to March 5, 1938
I last saw him alive on March 5, 1938 Death is said to have occurred on the date stated above, at 12 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbular & Labyrinthine meningitis	?
mastoiditis	
nasopharyngitis	

Other contributory causes of importance:

Was an operation performed? Yes. Date of 3-2-38
For what disease or injury? Laryngeal Obstruction
Name of operation Tracheotomy
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes Hospital

No. 8 — 1938 Huntington Williams, Registrar

14558 E 14558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chaple Gate Rd St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Arder

(a) Residence: No. 600 Chaple Gate Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rev. Murphy
(Address) 506 S. Chaple Gate Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/7 19 38

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED Mar 8 1938 Harrington for Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Mar 4
Other contributory causes of importance: Brain tumor	1yr.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 1822 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of OCCUPATION is very important. See instructions on back of certificate.

V56

44559 HEALTH DEPARTMENT—CITY OF BALTIMORE 44559

CERTIFICATE OF DEATH √59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Hanover St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Kramer

(a) Residence: No. 1009 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Hartung.

6. DATE OF BIRTH (month, day, year) Nov. 6 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 1903

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. George Dedrick

(Address) 1009 S Hanover St

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Druid Hill Pk 3-7-38

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED MAR 6 - 1938 19 ..... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1938 to Mar 5 . 1938

I last saw him alive on Jan 4 . 1938. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency.	about 12 hrs

Other contributory causes of importance:

Diabetes Insipidus

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. Patrick Ewald, M. D.

(Address) 2445 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

E 44560

44560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓22

Registered No. .....

1. PLACE OF DEATH. St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkins & Caton St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs ~~Emma~~ MINNIE Thayer

(a) Residence: No. 320 Harlem Lane St. Catonsville Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of / HUSBAND of John. E. Thayer

6. DATE OF BIRTH (month, day, year) June 19th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER / FATHER

13. NAME Charles Herner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Preisinger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. John E Thayer
(Address) 320 Harlem Lane

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem Date 3—7th 1938

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

MAR 6 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1938 to 3-3 1938

I last saw h.. alive on 3-3 1938. Death is said to have occurred on the date stated above, at 7 52 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Operative tetanus	3-2-38
Other contributory causes of importance: Post-Operative Pulmonary Embolus	2-25-38

Was an operation performed? Yes Date of 2-16-38

For what disease or injury? Post-Operative Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H.A. Parr M.D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

44561 F 44561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ? Balto. City Hospitals St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Blimzler

(a) Residence: No. 1018 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/22/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Fain

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Laurel Hgt. Mem. 3/6 1938

19. UNDERTAKER John J. Fahey
(Address) 1316 Light St.

DATE RECEIVED MAR 8 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 1, 1938.
I last saw him alive on March 1, 1938. Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-25-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. A. De Lantelle M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 44562

44562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delia A Kelly
If U.S Veteran specify WAR

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Kelly

6. DATE OF BIRTH (month, day, year) March 17-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	16	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Thomas Gibbons

14. BIRTHPLACE (city or town) (State or country) County Mayo Ireland

MOTHER

15. MAIDEN NAME Mary Walsh

16. BIRTHPLACE (city or town) (State or country) County Mayo Ireland

17. INFORMANT Edward J Grant Esq
(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery 3/7 1938

19. UNDERTAKER Chas J Evans & Son Inc
(Address) 118 N Mt Royal Ave

FILED MAR 6 1938 Thomas Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1937 to Mar. 5, 1938
I last saw her alive on 3/5, 1938. Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	5 yrs
Paranoid psychosis	5 yrs
Other contributory causes of importance: Exhaustion	7 wks

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Magee M. D.
(Address) 336 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

E 14563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14563

CERTIFICATE OF DEATH

V 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Argyle St., 17-1 Ward)

32

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H Thompson

(a) Residence: No. 923 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lana Thompson

6. DATE OF BIRTH (month, day, year) Dec 4-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Warren Thompson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Clemmon Ruth

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lana Thompson

(Address) 569 Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 3/7/ 1938

19. UNDERTAKER Frances G. Hemsley

(Address) 578 W. Biddle St

20. FILED MAR 6 - 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset Mar 4 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Caile M. D.

(Address) 567 Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

14564 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14564

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Reynolds

If U. S. Veteran specify WAR

(a) Residence: No. 517 W. Biddle St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lusinda ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Webster (Matron)
(Address) 517 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/7/38

19. UNDERTAKER Frances A. Hemsley
(Address) 517 W. Biddle St

20. FILED 3-12-38 Registrar. Arrington Williams, M.D.

MAR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 28, 1938 to Mar 5, 1938
I last saw her alive on Mar 4, 1938 Death is said to have occurred on the date stated above, at 2.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Feby 28/38
Other contributory causes of importance: None	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. C. Pelletheiser, M. D.

(Address) 817 Hamilton Ave

14565 E 44565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2304 E Preston St. 8-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Andrew Hartman Morrow

(a) Residence: No. 2304 Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lela G. Morrow

6. DATE OF BIRTH (month, day, year) Jany 3/1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub Sun

10. Date deceased last worked at this occupation (month and year) Feb 15/38

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew C. Morrow

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Hardesty

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lela G Morrow (wife)
(Address) 2304 E Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem. Date May-7-38

19. UNDERTAKER Sherwood Mem Co.
(Address) 108 W Mt Royal

20. FILED MAY 6 - 1938 Arthur Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1938 to Mar. 5, 1938.

I last saw him alive on March 4, 1938. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset .....

Other contributory causes of importance:

Dr Oddy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter W. White Jr M. D.

(Address) 2800 St Paul St.

OCCUPATION IS VERY important. See instructions on back of certificate.

14566 E 14566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-3

Registered No. .....

1. PLACE OF DEATH S/S Esso Delivery No.10

CITY OF BALTIMORE: (No. Bethlehelm Ship Bldg. Co St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ---- mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peder Nilsen.

(a) Residence: No. 1616 Bank St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (~~WIFE of~~) ~~XXXXXXXXXX~~ Freda Nilsen

6. DATE OF BIRTH (month, day, year) December 11,1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/Esso Delivery No.10

10. Date deceased last worked at this occupation (month and year) 2/3/38

11. Total time (years) spent in this occupation 0 mo

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Freda Nilsen.(wife)
(Address) 1616 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/7 1938

19. UNDERTAKER Wendel Bishop
(Address) 1600 Eutaw Pl

20. FILED MAR 6 - 1938 [illegible] Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Occlusion of the Coronary Arteries	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto Mittendorf M. D.
Coroner

3/4/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

44567

HEALTH DEPARTMENT—CITY OF BALTIMORE

44567

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-W Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR (1) Record

2. FULL NAME Mrs. Mary Mac Donnell

(a) Residence: No. 625 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Cronah Mac Donnell

6. DATE OF BIRTH (month, day, year) Mar 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation yrs

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Keyes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maudlyn Kafer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Cronah Mac Donnell
(Address) 625 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Apr 13 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19... Registrar.

K7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15-38, 19... to 3-5-38, 19... I last saw her alive on 3-5-38, 19... Death is said to have occurred on the date stated above, at 9:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kimmel's disease	
Arteriosclerosis with hypertension	1 yr
Other contributory causes of importance:	
Bronchopneumonia	3-2-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leonard Levine, M. D.

(Address) University Hospital

F 44568 Schrsler F 44568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 45 CCR--31167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11—Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record.

2. FULL NAME John Schrsler

(a) Residence: No. 525 N. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8 ?	05	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lang

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 9 1938

19. UNDERTAKER Wm Bolz
(Address) 217 W Fayette St

20. FILED , 19 Registrar

MAR 7 - 1938 Huntington Athletic, Ny

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26 . 1938 to 3-6 . 1938

I last saw h[illegible] Malive on 3-6 . 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Jaw	unknown
Broncho pneumonia	3/4

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] Woodward M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

14569

CERTIFICATE OF DEATH

14569 ✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 666 W. Franklin St. 17-1 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME David William Talbott

(a) Residence: No. 666 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Clara Talbott

6. DATE OF BIRTH (month, day, year) Jan 17th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

FATHER

13. NAME J. Talbott

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Clara Talbott

(Address) 666 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 8th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED MAR 7 - 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to March 4, 1938

I last saw him alive on March 4, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 Yrs

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ...

(Signed) T. J. Allen M. D.

(Address) 2757 W. North Ave.

14570

HEALTH DEPARTMENT—CITY OF BALTIMORE

14570

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Kelly

(a) Residence: No. 1228 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Ida Foster

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT John Kelly
(Address) 1228 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date Mar 8th 1938

19. UNDERTAKER Wm Cook
(Address) 127 S Paul St

20. FILED 19 Registrar.

Reg. 1938 11 to Williams, Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-24- 1938 to 3-5- 1938

I last saw him alive on 3-5- 1938 Death is said to have occurred on the date stated above, at 8.57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-18-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Tempest Surgeon M. D.

(Address) St. Joseph Hosp.

14571 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14571

CERTIFICATE OF DEATH √131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Brightwood Ave 28-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Richard V. Biggs

(a) Residence: No. 3202 Brightwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed~~, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Madeline B. Biggs

6. DATE OF BIRTH (month, day, year) Sept 18 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard V. Biggs

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Alice Butler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel V. Biggs
(Address) 3202 Brightwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Mar 7th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED MAR 7 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to March 3 1938

I last saw h[illegible] alive on March 3 1938 Death is said to have occurred on the date stated above, at 7.02 P. m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy — Date of onset 1933
chronic nephritis — 1936

Other contributory causes of importance:

Spastic paralysis cause not determined — 1930

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edel M. D.

(Address) Balto. Md
3403 Garrison Blvd

14572 F 14572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 E Federal St., 8 Ward)

Registered No. 8-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward A. Riemer

If U. S. Veteran specify WAR

(a) Residence: No. 2412 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie M. Riemer

6. DATE OF BIRTH (month, day, year) Nov-9-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harwood Bros

10. Date deceased last worked at this occupation (month and year) Feb 38

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edw. Riemer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Burkhardt

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Lizzie M. Riemer
(Address) 2412 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney's Date 3-9-38

19. UNDERTAKER J. Wm. Wellmore
(Address) 2232 E Pratt St

20. FILED ... 19... Registrar
MAR 7 - 1938 Eliz. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-38

22. I HEREBY CERTIFY, That I attended deceased from February 27, 19... to March 6, 19...

I last saw h... alive on March 6, 19 38 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Primary)	Feb 28
Other contributory causes of importance: Acute myocarditis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Schneider, M. D.

(Address) 1211 N. Milton Ave

F 14573

14573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8-6 ✓127-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

2. FULL NAME Albert Fisher Jr.

(a) Residence: No. 1529 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/10/1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 Months	mo	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Fisher

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Doris Kohlhoerer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert Fisher
(Address) 1529 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL 3/9/38
Place Holy Redeemer Date 19

19. UNDERTAKER George D. Platt Sons
(Address) 1726 Hoffman Ave

MAR 8 - 1938

Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 6, 1938

I last saw h in alive on March 6, 1938. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Vascular accident	4 d.

Other contributory causes of importance:

Was an operation performed? Yes Date of March 2 1938

For what disease or injury? Incarcerated Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. V. Gerardi, M. D.

(Address) Mercy Hosp.

V S 3

14574 F 14574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-D

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Budzik

(a) Residence: No. Box 212 Manchester Rd. St., ... Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Budzik

6. DATE OF BIRTH (month, day, year) 1-16-79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year) 2-25-38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Budzik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Budzik
(Address) 212 Manchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 8 1938

19. UNDERTAKER Fred W. Ozazewski & Son
(Address) 1930 Eastern Ave.

20. FILED MAR 7 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25 1938 to 3-5 1938

I last saw h[illegible] alive on 3-5-38 1938 Death is said to have occurred on the date stated above, at 4 60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative ulcer. welled off with bleeding into GI tract (Malignant)	
Secondary Hemorrhage	

Other contributory causes of importance:

Leukemia	
Heart failure	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Abbott M. D.

(Address) Mercy Hosp.

F 44575

Mair Weissman

44575

34236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 115-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JEWISH HOSPITAL

CITY OF BALTIMORE: (No. 15-4 St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mair Weissman

(a) Residence: No. 2328 Reisterstown Rd. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Weissman

6. DATE OF BIRTH (month, day, year) 10-1-86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. garage operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. garage

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Graham Weissman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah (?)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Date 3-7- 1938

19. UNDERTAKER Jack Lewis Inc

(Address) 1484 E. Baltimore St.

FILED MAR 7 - 1938 19 W. H. Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to March 6 1938

I last saw him alive on March 6 1938 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	1936
Normocytic anemia	Feb '38
Myocardial failure & circulatory collapse	Mar '38

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frederick H. Hoeser M. D.

(Address) Johns Hopkins Hospital

14576 HEALTH DEPARTMENT—CITY OF BALTIMORE 14576

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 8-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosemary Miller

(a) Residence: No. 618 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 25-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	7 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Leroy J. Miller

14. BIRTHPLACE (city or town) (State or country) St. Burnisbet Penna.

MOTHER

15. MAIDEN NAME Ada L Cain

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother (Address) 618 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem Date Mch 8 38

19. UNDERTAKER Geo. L. Berger Sr (Address) 512 Hollins St

20. FILED MAR 7-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) march 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from march 4, 1938 to march 6, 1938

I last saw her alive on march 6, 1938 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Tracheitis — Bronchi-pneumonia — Date of onset 2/24/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry J. Zentel M.D.

(Address) Lydenham Hospital

VS 3

44577 E 44577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-4 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Matthews

(a) Residence: No. 364 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Matthews

6. DATE OF BIRTH (month, day, year) Mar. 28/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	246	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chamber of Commerce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Hardy Matthews

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louisa Mizziner ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Matthews
(Address) 364 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3-8-38 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

Registered 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3. 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2. 28. 1938 to 3. 4. 1938

I last saw him alive on 3. 4. 1938 Death is said to have occurred on the date stated above, at 11 07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	1932
Hemiplegia - cerebral	2.20.38
Other contributory causes of importance: hemorrhage	
none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel P. Carr M. D.

(Address) 512 Mosher St.

V8 3

E 44578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Hugo ave St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME F. Thomas Remmell

If U. S. Veteran specify WAR

(a) Residence: No. 2725 Hugo ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 1919

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis T. Remmell

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Elizabeth E. Sparks

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Elizabeth E Remmell

(Address) 2725 Hugo ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date March 8 19 38

Place

19. UNDERTAKER Henry Hespelone, Inc

(Address) 501 E. Fayette

20. FILED 7 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 38 to Mar 5 38

I last saw alive on Mar 3 38 Death is said to have occurred on the date stated above, 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926
Other contributory causes of importance Tuberculous Laryngitis	1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Thomas M. D.

(Address) 622 N. Arlington Ave

14579) # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√93-E 14579)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Riggs Ave or 16-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph P. Rawlings

(a) Residence: No. 1516 Riggs Ave or ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Rawlings

6. DATE OF BIRTH (month, day, year) Jan 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer colo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Unknown

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " " " "

16. BIRTHPLACE (city or town) (State or country) " " " "

17. INFORMANT ~~Attend~~ James Rawlings
(Address) 1736 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3-7 1938

19. UNDERTAKER Saml. W. Okose & Son
(Address) 638 N. Selwyn
Huntington Williamsport N.Y.

20. FILED MAR 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/24/ 1938 to 3/4/ 1938

I last saw him alive on 3/3/ 1938. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/24/38
Other contributory causes of importance: Chronic Myocarditis	1/5/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. Wilton Kerr M. D.
(Address) 1600 W. Fayette St

Dr Blake 924 N. Augusta St

44580 HEALTH DEPARTMENT—CITY OF BALTIMORE 44580

CERTIFICATE OF DEATH V 71-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1315 N Eden St (Ward) 9-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Glass
If U. S. Veteran specify WAR
(a) Residence: No. 1315 N. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8/1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Dava Va

FATHER
13. NAME Christopher Glass
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mahala Logan
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lemwood Glass
(Address) 1315 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Date 3/8 1938

19. UNDERTAKER Cayton Sanders
(Address) 1463 E. Preston St

20. FILED 19 Attorney Notary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1938 to 3/5 1938
I last saw him alive on 3-4 1938 Death is said to have occurred on the date stated above, at 12:13 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	3/1/38
+ Pernicious Anemia	+ 2/15/38

Other contributory causes of importance:
Overwork

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas R. Blake M. D.
(Address) 924 Augusta St

R7-1938

14581

HEALTH DEPARTMENT—CITY OF BALTIMORE

14581

CERTIFICATE OF DEATH

15-69-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Greenmount Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Southern Home & Hos.

Length of residence in city or town where death occurred ...life... mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah F. Belbin

(a) Residence: No. 1715 Bloomingdale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles J. Belbin

6. DATE OF BIRTH (month, day, year) Feb-24-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	----	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. W. Messermith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarrah F. Barron

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records - Southern Home 2512 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 3-7-38 19

19. UNDERTAKER (Address) John O. Mitchell & Sons Inc. 1900 Eutaw Place

20. FILED APR 7 - 1938 19 Huntington Williams Supt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1938 to Mar 5. 1938

I last saw h alive on Mar 5. 1938 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 hrs
	prior
Old-age.	1 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Lut C Blake M. D.

(Address) Medical Arts Building

F 11582

11582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Horner

If U. S. Veteran specify WAR

(a) Residence: No. 722 S. Curley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George John Horner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna Eva Yokomoro

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT GEORGE J. HORNER.

(Address) 722 S. CURLEY ST.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART. Date MAR. 7 38

19. UNDERTAKER Lilly & Zeilers Inc.

(Address) 407 S. WOLFE ST.

20. FILED MAR 7-1938 H. Everton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938 to March 5, 1938

I last saw h alive on March 5, 1938 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar. 3, 1938
Other contributory causes of importance:	
Tetany	Mar. 3, 1938

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) George H. Kroulik M. D.

(Address) St. Joseph's Hosp.

14583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14583

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME SARAH SCHIFFER

If U. S. Veteran specify WAR

(a) Residence: No. 3512 Springdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Joseph

6. DATE OF BIRTH (month, day, year): 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NO37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Coleman Fuchs

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Rachel ?

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Michael Hoffberger

(Address) 3500 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Date: March 7 1938

19. UNDERTAKER: for Swenson Bros

(Address) 1124-26 W North ave

20. FILED MAR 7 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 1, 1938, to MARCH 6, 1938

I last saw h.. alive on MARCH 6, 1938. Death is said to have occurred on the date stated above, at 1:29 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2-1-38
Arterio sclerotic CARDIO VASCULAR DISEASE	?

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLIN Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irving J. Neuman, M. D.

(Address) University Hospital

14584 14584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 30300 (MB) 347-114-B

Registered No. 14584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Payne Cobb,

(a) Residence: No. 511 Myrtle Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hester Mack

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Parsons Virginia Date 3/8/38 19

19. UNDERTAKER William A Jackson
(Address) 910 Penna ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1938, to March 4, 1938

I last saw him alive on March 4, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Heart disease	Unknown
Lung abscess	Jan. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hans Santelle M. D.

(Address) Baltimore City Hospitals

341976 14585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 F 14585

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 14-3 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Ellis B. Young.

(a) Residence: No. 514 Sanford Pl. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Venus 1890

6. DATE OF BIRTH (month, day, year) 4-29-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 2-12-1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Estelle Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date March 8 1938

19. UNDERTAKER Charles G. Cooper
(Address) 514 N. Calhoun St.

20. FILED MAR 7-1938 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to March 3, 1938
I last saw h im alive on March 3, 1938. Death is said to have occurred on the date stated above, at 8:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type III	Feb 15?
with bacteremia of 35 colonies per c.c.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Walter B. Buck, M. D.

(Address) Johns Hopkins

F 34 1977 Glover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14586 ✓ 23 F 14586

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 10-2 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Glover — If U. S. Veteran specify WAR

(a) Residence: No. 524 Hermans Ct St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S-Car-

FATHER

13. NAME Jerry Glover

14. BIRTHPLACE (city or town) (State or country) S-Car-

MOTHER

15. MAIDEN NAME Nelli Robinson

16. BIRTHPLACE (city or town) (State or country) S-Car-

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-7- 38

19. UNDERTAKER Bryant Dennis & Wright

(Address) 624 Fine Eldersly Sts

MAR 7 - 1938 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1938 to Mar-2 1938

I last saw him alive on Mar-2 1938. Death is said to have occurred on the date stated above, at 2400 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoptysis, due to pulmonary Tuberculosis, with cavitation of both upper lobes.	
Other contributory causes of importance:	

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm G Forster jr M. D.

(Address) 1 West Hopkins Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

44587 F 44587

CERTIFICATE OF DEATH

47-D

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 12-6 Ward)

Length of residence in city or town where death occurred 3 mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolf Dmling

(a) Residence: No. 411 S. 40th St. St., Ward. Newark, N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lennie Schmultz Dmling

6. DATE OF BIRTH (month, day, year) March 26, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-26-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Kasper Dmling

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Dorothy Work

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Newark N. J. Date Mar 9 1938

19. UNDERTAKER (Address) Master N. S. Dyffee 37 S Ann St

20. FILED MAR 7 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1937 to March 6, 1938

I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 8:57a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (carcinoma) of lung, bronchogenic	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. '37, Feb. Mar. 1938

For what disease or injury? Cancer of lung

Name of operation Bronchoscopy, biopsy, transfusion.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. H. [illegible] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

KRB/6

14588 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14588

CERTIFICATE OF DEATH ✓ 31149 JS 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Mabel G. Carter

(a) Residence: No. 2020 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Aubrey Carter

6. DATE OF BIRTH (month, day, year): 3-10-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W. 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Joseph Armstrong

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Rhoada Compton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: Mar. 8, 1938

19. UNDERTAKER: G. Howard Strong
(Address): 715 Light St.

20. FILED ..... 19..... Huntington Williams, M.D.

MAR 7 - 1938 S.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1938 to March 5, 1938

I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exfoliative dermatitis	Jan. 1938
Other contributory causes of importance: Bronchopneumonia	3-1-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lamballe M.D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14589

CERTIFICATE OF DEATH

✓ 92-D 14589

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Westwood Ave., St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Guerke

(a) Residence: No. 2902 Westwood Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles S. Guerke

6. DATE OF BIRTH (month, day, year): Oct. 22, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Daniel Long

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Winfield S. Guerke (Son)
(Address): 2902 Westwood Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Mar. 7 1938

19. UNDERTAKER: H. Townsend Strong
(Address): 7.5 Light St.

20. FILED: Harrington Williams, Registrar.

MAR 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 2, 1938 to Mch 4, 1938.

I last saw h[illegible] alive on Mch 4, 1938. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Chronic valvula heart disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Ernest H. Kahn M. D.

(Address) 1735 Poplar Grove St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44590 — CERTIFICATE OF DEATH — 82-a — F 44590

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Jenkins

(a) Residence: No. 412 Marion St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12, 1808

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Agnes West

(Address) 412 Marion St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/7 1938

19. UNDERTAKER Rayner Sanders

(Address) 493 E. Preston St

20. [illegible] Huntington Williams N.Y.

MAR 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and from the evidence thereon and from the evidence obtained by said Inquiry, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

V S 6

14591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14591

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Belvedere Ave St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lena Elizabeth Miller (nee Rupp)

If U. S. Veteran specify WAR

(a) Residence: No. 3508 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Miller

6. DATE OF BIRTH (month, day, year) April 2nd 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christian Rupp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen Nemmert
(Address) 3508 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/8/38

19. UNDERTAKER H. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED MAR 7 - 1938 Huntington Woods, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5/38

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1938, to Mch 5, 1938.

I last saw h[illegible] alive on Mch 5 1938 Death is said to have occurred on the date stated above, at 10.15 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Saw her for last time, one month before death

Date of onset: Mch 5

Other contributory causes of importance:

Senility

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Charles J. Wells, M. D.

(Address) 5276 Park Heights Ave

F 44592

F 44592 HEALTH DEPARTMENT—CITY OF BALTIMORE

27993--RHW

CERTIFICATE OF DEATH

5-1 34-8-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 30 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Chester

(a) Residence: No. 503 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 8/25/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Skibner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt calvery Date Jan 9 38

19. UNDERTAKER Edw Bryan
(Address) 1241 orleans st

20. FILED MAR 7 - 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1937, to March 3, 1938.

I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-38

Other contributory causes of importance:

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hazel Lentz M. D.

(Address) Baltimore City Hospitals

14593 E 14593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

Registered No. 25-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph A. Stubblefield

(a) Residence: No. Edmondson & Prospect Ave Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewellyn Stubblefield

6. DATE OF BIRTH (month, day, year) Oct. 18, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 ~~21~~	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman Gas & Elect. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Augustus Stubblefield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Mackin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lewellyn B. Stubblefield

(Address) Edmondson & Prospect

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 8 1938

19. UNDERTAKER Sea W Little

(Address) 2700 Edmondson Ave

20. FILED Mar 7 1938 Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident March 5, 1938

Accident, suicide or homicide? (Specify city or town, county, and State) Where did injury occur? Edmondson Ave. Balto. Co. Md.

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking in Road struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14594

CERTIFICATE OF DEATH

14594

120 31064 JS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John I. Spedden

(a) Residence: No. 1734 Alice Ann St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3-10-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Wilkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Balto National Mem Park Date Feb 8th 38

19. UNDERTAKER Leo G. Cook

(Address) 1705 N Patt Park Ave

FILED 1938 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1938, to March 5, 1938

I last saw h[illegible] alive on March 5, 1938. Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	Jan. 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lamater M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

14595 ✓ F 14595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-F

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4301 Roland Ave St. 7-11 WARD

2-FULL NAME Mrs. Clara Smith

(a) RESIDENCE NO. 4301 Roland Ave St. WARD Northington Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick Smith

6 DATE OF BIRTH (month, day, and year) May 5 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER Anthony Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Fuehl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Lucy [illegible] Northington Pa

15 Filed 7-1938, 19 Registrar Huntington Hammett, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 19 38

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 19 38, to March 7, 19 38, that I last saw h alive on March 7, 19 38, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma-pancreas.

(Pancreas progressive cancer.)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cachexia (malnutrition)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Howard K Nelson, M. D.

19 (Address) 4 dc. Road St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northington Pa

DATE OF BURIAL Mar 10, 1938

20 UNDERTAKER C. T. Kemper

ADDRESS Millersburg Pa

THIS IS VERY important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44596 44596

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Scott St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas E Fitzgerald

(a) Residence: No. 709 Scott St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) June 3 1852

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Fitzgerald (Address) 709 Scott St.

18. BURIAL, CREMATION, OR REMOVAL Place Our Cathedral Date 3/9 38

19. UNDERTAKER Ambrose, Inc. (Address) 1017 W. Lexington St.

20. FILED MAR 7 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1937 to Mar. 5th 1938

I last saw him alive on Mar 5 1938 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1933
cerebral hemorrhage.	2/24/38

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) Edgar H Kemp M. D.

(Address) 3033 Edmondson

14597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Pimlico Rd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Rosenfeld

(a) Residence: No. 4302 Pimlico Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Lena Feder (Address) 2462 Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 3/7/38 19

19. UNDERTAKER Jos. Lowe Inc (Address) 1439 E. Baltimore St

20. FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1937 to 3-5 1938

I last saw h W alive on 3-5 1938 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate cause: Cerebral Hemorrhage	
Primary Cause: Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of 1/15

For what disease or injury? [illegible]

Name of operation Exploratory

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Druid Park

44598 E 44598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General 13-1 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mildred D. Rubenstein

(a) Residence: No. 2412 Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leon A. Rubenstein

6. DATE OF BIRTH (month, day, year) July 1, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Dopkin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Goldmacy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Date 3-8-38 19

19. UNDERTAKER Jack Levin Inc (Address) 1438 E. Balto St.

20. FILED 1938 Huntington Williams Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9:30 a.m.

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Reid Edwards M. D. Coroner

(Address) 1215 Hollins

F 44599

44599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4238 Sheldon ave St. 26-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celia A. Hamilton
If U. S. Veteran specify WAR

(a) Residence: No. 4238 Sheldon ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Joseph E. Hamilton

6. DATE OF BIRTH (month, day, year): Oct 11 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: H. Wilkes
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Jenkins
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Chas E. Hamilton
(Address) 4238 Sheldon ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Norfolk Va Date: 3/7 19 38

19. UNDERTAKER: J. E. Moran
(Address) 1300 E. 33 st

20. FILED ... 19 ... Registrar.

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/6/ 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to March 5 1938
Last saw her alive on March 5 1938 Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelio-Nephritis Chronic with terminal Infection	
Cerebral Hemmorhage	3/5/38

Other contributory causes of importance:
Gall Stones
Hypertension

Was an operation performed? no Date of
For what disease or injury? none
Name of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter A. Anderson M. D.
(Address) 3001 Shannon Drive

E 14600

HEALTH DEPARTMENT—CITY OF BALTIMORE

14600

CERTIFICATE OF DEATH

157-E ac

Registered No. 1877

1. PLACE OF DEATH Balto City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Debruan

(a) Residence: No. 830 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 hour	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cornetta Debruan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1938

Place Date 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 Registrar.

1938 365 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (baby) at term.	1 hour

Other contributory causes of importance: Lack of proper medical attention

Was an operation performed? No Date of

For what disease or injury?

Name of operation? Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood Coroner, M. D.

(Address) 1112 E. Baltimore St.

14601 E 14601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Lee (27608)

(a) Residence: No. 662 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

7. DATE OF BIRTH (month, day, year) Nov. 2, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Lester

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Lula Crawley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19... Registrar.
MAR 7 1938

3866 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1937 to February 28, 1938

I last saw her alive on February 28, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Aug. 1935.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. G. Cassidy, M. D.

(Address) Balto. City Hospitals

14602 E 14602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Cambria St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Schatz

(a) Residence: No. 410 Cambria St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A Schatz

6. DATE OF BIRTH (month, day, year) 10 7 64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdinand Schatz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — Engelke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie A Schatz

(Address) 410 Cambria St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/8 1938

19. UNDERTAKER Edward Foulson

(Address) 2339 Wash blvd

20. FILED MAR 7 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936 to March 5, 1938

I last saw him alive on March 5, 1938 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	
myocarditis	

Was an operation performed? yes Date of Sept. 1937

For what disease or injury? Obstruction cancer of rectum

Name of operation colostomy

What test confirmed diagnosis? autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Rubin M. D.

(Address) 203 Patapsco Ave

E 14603

HEALTH DEPARTMENT—CITY OF BALTIMORE

14603

CERTIFICATE OF DEATH

X207-H OC

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Freight Train Penna. R.R. Co.

CITY OF BALTIMORE: (No.) Bay View yards St., 25 Ward 1

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Morgan St. Marys Industrial School

(a) Residence: No. 398 Bryant St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Registered

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Marys Industrial school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pinesburg Md

FATHER

13. NAME Martin A. Morgan (Dead)

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Julia Myers

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT James F. Wilson (Address) 398 Bryant St Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Hagerstown Md March 8 38

19. UNDERTAKER Chas. F. Evans & Son Inc (Address) 118 N. Mt Royal Ave

20. FILED 19 Registrar Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted, Shock on top of freight Car. Burns over entire body	March 6 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 6 1938

Where did injury occur? Top of freight Car (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bay View Yards Penna. R.R.

Manner of injury Contact with Trolley wire

Nature of injury Shock, burns over entire body

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Hugh E. Wood M. D.

Coroner

(Address) 412 N. Howard St

M. D. B. 1268-9

E 44604

HEALTH DEPARTMENT—CITY OF BALTIMORE

4604

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 [illegible] and Jack Streets St., 15th Ward

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Brooks

(a) Residence: No. 28th and Jack Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of widowed

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Walker
(Address) 100 Cambridge St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/8 19 38

19. UNDERTAKER Sarah L Brownton
(Address) 1018 W Monument St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 19 37 to Mar. 4 19 38

I last saw him alive on Mar. 4 19 38 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Williams McCall M. D.

(Address) 481 S. Pennington Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-339 — 72-a — 1605

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Betty Ivo Spade

(a) Residence: No. Clintonville St. N-R Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Harold Spade

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Nellie Hull

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Friends.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Creamer W. Va. Date 3-9 1938

19. UNDERTAKER John F. Mitchell & Son
(Address) 1900 Eastern Ave.

20. FILED MAR 7 - 1938 [illegible], N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to March 7, 1938

I last saw her alive on March 2, 1938. Death is said to have occurred on the date stated above, at 9:55-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James A. Garland M. D.
(Address) Johns Hopkins Hospital

✓ F 44606

44606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. _____

1. PLACE OF DEATH In front of
CITY OF BALTIMORE: (No. 928 S. Eutaw St. St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME Berthel Johnson.(C)

(a) Residence: No. 1004 S. Eutaw St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER
13. NAME Do not know.
14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER
15. MAIDEN NAME Do not know.
16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1938
Place Date
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

1938 Huntington Williams, Registrar.

468 11

V 5 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, [illegible] and that said deceased came to [illegible] death on the day stated above.
autopsy & inquest
autopsy & inquest
(Inquest, Autopsy or Inquiry)
his

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage.	
Stab wound of abdomen involving the heart.(pocket knife)	
Homicide.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 2/26/38

Where did injury occur? in front 928 S. Eutaw St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public street

Manner of injury Stab wound. pocket knife.

Nature of injury Internal hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

3/5/38 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44607 — 93-CF 44607

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 Coldspring Lane) (Ward) 43-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Griffith

(a) Residence: No. 2840 Coldspring Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clair R. Griffith

6. DATE OF BIRTH (month, day, year) March 31, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Mathew Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna McGlade

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Frank Price Jr.
(Address) 4300 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 9 1938

19. UNDERTAKER Ellis D. Whitty
(Address) 2840 Coldspring Lane

Huntington Williamsport, Md.

MAR 7 - [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to March 6 1938

I last saw her alive on March 5 1938 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Dec 1

Other contributory causes of importance: Arteriosclerosis — 1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Simonds M. D.

(Address) 4309 Liberty Hgts

14608 F 14608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Park Avenue St. 14-1 Ward)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Abbie E. Morrison

If U.S. Veteran specify WAR

(a) Residence: No. 1524 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Wilbur Morrison

6. DATE OF BIRTH (month, day, year): Jan. 23, 1873

7. AGE: Years 65 | Months 1 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Eli W. Fairchild
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Mary C. Doll
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: John W. Morrison
(Address): 1524 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cemetery Date: 3/8 1938

19. UNDERTAKER: Harry A. Mears & Son
(Address): 5-7-9 E. Lafayette St.

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1937 to Mar-7- 1938

I last saw h-- alive on Mar 2, 1938 Death is said to have occurred on the date stated above, at 2-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complications of diseases, Pneumonia, Chronic Myocarditis, Arteriosclerosis with Heart Failure	1 mo 1 wk

Other contributory causes of importance:

Influenza, and Bronchitis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Record

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Huntington Williams M. D.

(Address) 227 Harrison

E 14609

HEALTH DEPARTMENT—CITY OF BALTIMORE

14609

CERTIFICATE OF DEATH

X131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hospital St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Richard Walker

(a) Residence: No. 11 Pleasant St Annapolis, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1 - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis - Md.

MOTHER FATHER

13. NAME Elisha Wallace

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett Growbry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Annapolis and Place Nat. Cemetery Date 3/9/38

19. UNDERTAKER (Address) Chas. E. Nicholson Annapolis Md.

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon; and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Coma	3/4/38
Chronic Pulmonary tuberculosis	Negative

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Ewan, M. D. Coroner

(Address) Coroner

F 44610

44610 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403-St. Thomas Ave St., 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George L. Bittrick

(a) Residence: No. 4403-St. Thomas Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth ..(McDougall)

6. DATE OF BIRTH (month, day, year) 1/19/1893

7. AGE Years	Months	Days	If LESS than 1 day, ~~x hrs.~~ or ~~x~~ min.
45	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.-Elev. No. 3.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Bittrick

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Katherine (Simpson)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Elizabeth Bittrick

(Address) 4403-St. Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/9/38, 19

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1725-Edmondson Ave.

20. FILED 19 Registrar

3-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938 to March 6, 1938

I last saw h alive on March 4, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 2/17/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Harding Leikin M. D.

(Address) 4810 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14611

14611

CERTIFICATE OF DEATH

94-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Chelsea Terrace Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Hannie R Hill

(a) Residence: No. 2119 Chelsea Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A Hill

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Hannah Ewing

14. BIRTHPLACE (city or town) (State or country) Yorkshire

15. MAIDEN NAME OF MOTHER Sara Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Hannie R Hill

(Address) 2119 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/8 38

19. UNDERTAKER Wilson & Son

(Address) 1217 N Eutaw St

20. FILED Mar 9 19 38 William [illegible] Registrar.

288-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2nd 1938, to March 5th 1938

I last saw her alive on March 5th 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Disease	
b Arteriosclerosis Edema	
Other contributory causes of importance:	
Senility	

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M M Boyer M. D.

(Address) 2026 W. North Ave

14612 HEALTH DEPARTMENT—CITY OF BALTIMORE 14612

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Reisterstown Rd + Old Frederick Rd (Ward) 24th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Franklin Schaffer

(a) Residence: No. 4729 Park Heights Ave. St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Freeland Scaffer

6. DATE OF BIRTH (month, day, year) Feb 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 79	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Telephone Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C + P Tel Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME ~~Father~~ Theodore Schaffer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Warnick

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth F. Schaffer

(Address) 4729 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Cemetery Md Date Mar 8th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 8 - 1938 H. E. Lee Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 6, 1938

I last saw ~~him~~ her alive on March 6, 1938. Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3-6-38

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) John D Bubert M. D.

(Address) 4803 Park Heights Ave

4613 E 44613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

1. PLACE OF DEATH — St. Joseph's Hospital — Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Myrtle Clark

(a) Residence: No. 827 N. 35th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Robert J. Clark

7. DATE OF BIRTH (month, day, year) — May 14, 1896

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Baltimore

13. NAME OF FATHER — James Fisher

14. BIRTHPLACE (city or town) (State or country) — md

15. MAIDEN NAME OF MOTHER — Ella B. Cornbower

16. BIRTHPLACE (city or town) (State or country) — md

17. INFORMANT — Robert J. Clark

(Address) 827 N. 35th St.

18. BURIAL, CREMATION, OR REMOVAL — Woodland Memorial Park Date March 9, 1938

19. UNDERTAKER — Ehrenworth Co.

(Address) 345 N. Paca Street Ave.

FILED 3-8-1938 — Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 3-6-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9-, 1938 to 3-6-, 1938

I last saw her alive on 3-6-, 1938 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Myocarditis	?
Uremia	?

Other contributory causes of importance .....

Was an operation performed? — No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) St. Joseph's Hospital

Mary E Watson Plater

HEALTH DEPARTMENT—CITY OF BALTIMORE

14614

CERTIFICATE OF DEATH

✓ 34-J-95-B #29920 SF 14614

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Plater

If U. S. Veteran specify WAR

(a) Residence: No. 1216 N Stricker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene (d)

DATE OF BIRTH (month, day, year) 1/7/1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel Waters

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Jane Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Mar 8, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED MAR 8 - 1938, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1938, to March 4, 1938.

I last saw her alive on March 4, 1938. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	July 1937
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hazel Lantz M. D.

(Address) Baltimore City Hospitals

14615

HEALTH DEPARTMENT—CITY OF BALTIMORE

14615

CERTIFICATE OF DEATH

Registered No. 26-3-218-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Jos Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Richard S. Warner

(a) Residence: No. 3121 Kenyon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Warner

6. DATE OF BIRTH (month, day, year) July 31, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0273

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas Warner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Crafton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Warner

(Address) 3121 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated Date 3/9/38, 19

19. UNDERTAKER Leonard J. Peck

(Address) 530 S. Howard St

20. MAR 8 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide March 6, 1938, 19

Where did injury occur Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury by Auto Crossing St. at

Near 3121 Kenyon Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2757 Harrison

14616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14616

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 201 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jerome C. Smith

(a) Residence: No. 1811 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep. 5, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Downey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Smith

(Address) 1811 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place MT Olivet Date 3/8/38, 19

19. UNDERTAKER Leonard A. Pugh

(Address) 530 S. Bradford St. Huntington Williamson W. Va.

20. FILED MAR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Amputation of L Leg	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident March 5, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto backed and caught him between

Nature of injury Gar and House in 2100 block

24. Was injury at work in any way related to occupation of deceased? Yes

If so, specify

(Signed) T. F. Callahan M. D.

Coroner

(Address) 2757 W. Pratt

S 6

F 44617

617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-382-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nettie Nadich

(a) Residence: No. 1655 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Mordecai Gifter
14. BIRTHPLACE (city or town) (State or country) Lith.
15. MAIDEN NAME Ida Gifter
16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT Rabbi Judah Nadich
(Address)

18. BURIAL, CREMATION, OR REMOVAL 3/8/38
Greenlawn Date

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E. Baltimore St.

20. FILED 3-8-38 Pennington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral thrombosis	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Rheuby, Coroner, M. D.

(Address) 1712 E. Northern

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

14618 ✓ 79-a 14618

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 22-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CHARLOTTE TAYLOR

(a) Residence: No. 714 S. SHARP St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	NEGRO	SINGLE

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Dec 3-1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Elizah Taylor

14. BIRTHPLACE (city or town) (State or country) S. C

15. MAIDEN NAME Mattie Simms

16. BIRTHPLACE (city or town) (State or country) S. C

17. INFORMANT Elizah Taylor 714 S Sharp St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dr Cabaniss Date Mch 9 38

19. UNDERTAKER James Taylor & Sons 142 W Saratoga St
(Address) Huntington Williams & Co

20. FILED MR 8-1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1/, 1938 to 3/6/, 1938

I last saw her alive on 3/6/, 1938. Death is said to have occurred on the date stated above, at 2:05 P m.

The principal cause of death and related causes of importance were as follows:

PNEUMOCOCCUS MENINGITIS — Date of onset 2/26/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Averett L. Diggs M. D.

(Address) UNIVERSITY HOSPITAL

F 44619

44619 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4644 Old Pimlico Rd. St., 27-16 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William R. North

(a) Residence: No. 4644 Old Pimlico Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna M. North

7. DATE OF BIRTH (month, day, year) Jan. 31, 1890

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	48	10	25	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Riviera Brass & Copper, Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John G. North

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary E. Fowler

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Mrs. Edna M. North
(Address) 4644 Old Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Mar. 9, 1938

19. UNDERTAKER E. Howard Strong
(Address) 715 Light St.

20. FILED 3-8-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 6, 1938

I last saw him alive on March 6, 9.10 1938. Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/6/38

Other contributory causes of importance

Chronic Nephritis

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Baker M. D.

(Address) 4813 Park Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44620 ✓50 F 44620

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Fernhill Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Frances Winter

(a) Residence: No. 4214 Fernhill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Franklin Winter

6. DATE OF BIRTH (month, day, year) Aug 27 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	6	7 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME George W. Mitchell

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

15. MAIDEN NAME Frances Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nellie T. Winter

(Address) 4214 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar 9 1938

19. UNDERTAKER Mary H. Hancock

(Address) 4204 Ridgewood Ave

20. FILED 3-8-1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to March 6, 1938

I last saw h... alive on March 6, 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease

Date of onset 3yrs ago

Other contributory causes of importance:

Adenomaid

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thomas Jones M. D.

(Address) 2802 Reisterstown Rd

1621

HEALTH DEPARTMENT—CITY OF BALTIMORE

1621

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Baltimore St., 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mitchell

(a) Residence: No. 1914 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mitchell

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Crawford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Whitacre

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Ward

(Address) 1914 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/4/38

19. UNDERTAKER Millard Jackson

(Address) 1600 Pennsylvania Ave

Huntington Williams, M.D.

Registrar

20. FILED MAR 8 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) Dictum and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2 20 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas Truitt M. D.

(Address) 1615 Harlem Ave Coroner

1622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14622

CERTIFICATE OF DEATH

V 201 G

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 216-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME William Rice

(a) Residence: No. 1121 n Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 9/1890

7. AGE: Years 47 | Months 5 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stone Quarry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lancaster Va

FATHER

13. NAME: Addison Rice

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Emmaline Rice

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Addison Rice

(Address) 1121 n Parrish

18. BURIAL, CREMATION, OR REMOVAL: Date 3/8/38

Place Mt Calvary

19. UNDERTAKER: William A Jackson

(Address) Huntington Williams N.Y.

20. FILED 3-8-1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased (Inquest, Autopsy or Inquiry) on the date stated above; that I have viewed the remains of said deceased (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Mar 3 1938

Other contributory causes of importance:

Was an operation performed? Yes Date Trephine 3/3/38

For what disease or injury? Fractured skull Date 3-3-38

Name of operation: Trephine Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? Accident Date of injury 3-3-1938

Where did injury occur? Woodberry (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Was crushed by

Nature of injury stonecut quarry

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Leo Allen M. D.

(Address) 850 Druid Hill Ave

Larena Summerville

14623 HEALTH DEPARTMENT—CITY OF BALTIMORE 14623

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 W Dallas St. 8-6 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Larena Summerville

(a) Residence: No. 1625 W Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-21-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Q A County Md

FATHER

13. NAME Christopher Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza Ruth

(Address) 1625 N Dallas

18. BURIAL, CREMATION, OR REMOVAL

Place Mayetta Date 3/5 1938

19. UNDERTAKER William A Jackson

(Address) 460 Penna Ave Huntington Station, Md

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) died that said deceased came to death on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	March 7 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L Allen M. D.
Coroner

(Address) 1509 Linden Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44624 ✓ 94-B F 44624

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Maddie Gray

(a) Residence: No. 1122 Whatcoat St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gray

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Stephan Rice

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas Gray

(Address) 1122 Whatcoate St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/-8/ 38 , 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ... 19 ... Registrar.

1-1938 Austin Lee Williams, Jr.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

ner

The principal cause of death and related causes of importance were as follows:

Probably Coronary Occlusion — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. K. Kelson, M. D. Coroner

(Address) 2757 E. Mon

HEALTH DEPARTMENT—CITY OF BALTIMORE

4625

CERTIFICATE OF DEATH

F 44625

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Wen

(a) Residence: No. 530 West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass House Pot
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME A. Wen
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Fannie A. Blueseard
16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Lottie Wen
(Address) 530 West. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date March 8 1938

19. UNDERTAKER Joseph A. Lively
(Address) 419 Wilkens Ave

Filed MAR 8 1938 Registered MAR 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) H. C. Wallace Coroner, M. D.

(Address) 2357 W Mont St

1626

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41626

CERTIFICATE OF DEATH

Registered No. 106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Phillip Preller Sr

If U. S. Veteran specify WAR

(a) Residence: No. 3035 Mayfield ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of husband of Mary A. Preller

6. DATE OF BIRTH (month, day, year) Aug.-31-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39Yrs.	6Mo.	4Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Ironworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER'S FATHER'S

13. NAME John Preller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Schad

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Mary A. Preller 3035 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date March 9 1938

19. UNDERTAKER Henry Hoeck & Sons Inc. (Address) 1301 E Eager St.

20. FILED MAR 9 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1914 E. North Ave.

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44627

CERTIFICATE OF DEATH

V 131 F 44627

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 S Eaton St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. .....mos. .....ds. How long in U. S. If of foreign birth 54 yrs. .....mos. .....ds.

2. FULL NAME Charlotte Reinhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 132 S. Eaton St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gotthardt

DATE OF BIRTH (month, day, year) Feb 13 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME James J. Michaels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Horbon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Stroeer
(Address) 3817 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date March 9 1938

19. UNDERTAKER Mark H. Dippel
(Address) 31 S. Eutaw

Registrar Huntington Williams M.D.

MAR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 1937 to Mar 6 1938

I last saw her alive on Mar. 6 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Uraemia	Feb. 1937
Other contributory causes of importance: Chronic Myo-Carditis	Abt. 1 year

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benj. S. Hayden M. D.

(Address) 3114 Harford Road

14628 E 14628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Tucker Avenue St., 28-3 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .

2. FULL NAME Hermann A. Meyer

(a) Residence: No. 2321 Tucker Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Kare Meyer

6. DATE OF BIRTH (month, day, year) Jan. 4th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whole Sale Drug Co

10. Date deceased last worked at this occupation (month and year) Mar. 5 1938

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Stitzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie R. Meyer
(Address) 2321 Tucker Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Mar. 1938

19. UNDERTAKER D. W. Donovan & Son
(Address) 2008 West Baltimore St.

20. FILED ... 19 ... Registrar

MAR 8-1938 Hunting Ft. Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4th 1938 to March 5 - 1938

I last saw him alive on March 5 1938 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

Facial Erysipelas and / Nephritis — Date of onset 3/4/38

over

Other contributory causes of importance: General Breakdown.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Geo F Everhart, M. D.

(Address) 710 Windsor Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14629

14629

CERTIFICATE OF DEATH

125-P

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sara Bertha Brown

(a) Residence: No. 1161 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 27, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes of employers

10. Date deceased last worked at this occupation (month and year) Feb. 10, 1938

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura Clemons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hosp Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 9, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 1938 Registrar. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938, to March 6, 1938

I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenic abscess of liver	2/24/38
Other contributory causes of importance:	
Secondary anemia	2/25

Was an operation performed? yes Date of 3/2/38

For what disease or injury? Probable acute gangrenous cholecystitis

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Mercy Hospital, M. D.

(Address)

44630 ✓ E 44630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 W Lanvale St. 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Lift Carter

(a) Residence: No. 1704 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harrison Carter

6. DATE OF BIRTH (month, day, year) Feb 28-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E Lansdale

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Wesley White

16. BIRTHPLACE (city or town) (State or country) Caroline County Md

17. INFORMANT Mrs Brown

(Address) 758 Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 9, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar

MAR 8 - 1938 Mrs. K. R. Williams, Ft

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence obtained by said ~~inquest~~ find that said deceased came to ~~his~~ her death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Mar 2 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Eutaw St Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

14631

CERTIFICATE OF DEATH

F 14631

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5400 Park Heights Ave.) (St.) 27-18 (Ward) 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Phipps

(a) Residence: No. 5400 Park Heights Ave. St.; ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 7-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
				8 hrs. 45 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Howard N. Phipps

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Charlotte E. Smith

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Howard N. Phipps (Address) 5400 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Mar. 8 1938

19. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Fulton Aves.

20. FILED MAR 8 - 1938 19.. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7th 1938 to Mar. 7th 1938

I last saw her alive on Mar. 7th 1938 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6½ Mos Veteran's Prison)	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Physician Examination

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul S. Brown M. D.

(Address) 1663 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14632 — 349-2-3 — 14632

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Clash (26948) If U. S. Veteran specify WAR

(a) Residence: No. 1049 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) Jan. 28, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	4 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Arch

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Styles

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/9/ 38

UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

FILED Huntington Williams M.D.

R8-1368

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 8. 1938 to March 4. 1938

I last saw him alive on March 4. 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Sept 1937
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

✓ F 44633

44633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Asquith St.) 10-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Dumascena Steechlein

(a) Residence: No. Convent of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 10 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Order

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

13. NAME Martin Steechlein

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna Maria

16. BIRTHPLACE (city or town) Bavaria
(State or country)

17. INFORMANT Sister of Notre Dame
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cliffe Date 3/7/38 19

19. UNDERTAKER Geo M. Trick
(Address) 811 Wilkens Av.
Huntington Williams, Md.

20. FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to March 6 1938

I last saw her alive on March 6 1938 Death is said to have occurred on the date stated above, at 8.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/2/38
Pulmonary Oedema	3/5/38
Arteriosclerosis	1932

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William L. Teagle M. D.

(Address) 10 E. Read St

E 11634

1634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 19-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald Howard

(a) Residence: No. 1823 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edgar C. Howard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Dean

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edgar G. Howard

(Address) 1823 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date March 9 1938

19. UNDERTAKER John C. Miller Inc.

(Address) 2435 E. Oliver St.

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Difuse Meningitis (streptococcic)	Mar 6
Otitis Media	?

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 1822 E. Baltimore St.,

4635 E 14635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Wolf St. St. 2-3 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Antonina Gniazdowska

(a) Residence: No. 521 S. Wolf St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Witalis Gniazdowski

DATE OF BIRTH (month, day, year) 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Borzynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Penson
(Address) 612 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 9 1938

19. UNDERTAKER Bredlow Ozazewski
(Address) 1930 E. Fayette St.

20. FILED 19 ..... Registrar.

~~1938~~ Huntington to Williamsport, Pa.
6 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 6 1938

I last saw h[illegible] alive on March 5 1938. Death is said to have occurred on the date stated above, at 8.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/1/38
	/ /
Other contributory causes of importance: Arterio-Sclerosis	3/1936
	/

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Rysavy M. D.

(Address) 801 Kenwood Ave

Goines

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44636 F 44636

CERTIFICATE OF DEATH

93-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W McCulloh St. 11-4 Ward)

Length of residence in city or town where death occurred 2 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles L. Goines

(a) Residence: No. 111 W McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Goines

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: Last B'd | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Frederick Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT (Address): Mary Goines 12 Pa Ave City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 9 1935

19. UNDERTAKER (Address): Elroy O Wilson 1000 Belvedere Ave

20. FILED MAR 8 1935 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that the cause of death as stated by said (Inquest, Autopsy or Inquiry) was as follows: death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Jeffers M. D.
Coroner

(Address) 121 Mount Ave

F 44637

HEALTH DEPARTMENT—CITY OF BALTIMORE

44637

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Foot of Hull St. 24-1 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	-------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY MAR 8 - 1938 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

Registrar.

DEAD 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found February 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Reinhardt, M. D.

Coroner

3/5/38 (Address) 1017 S. Charles St.

S 6

F 44638

44638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4813 Crowson ave St., 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Wright

If U. S. Veteran specify WAR

(a) Residence: No. 4813 Crowson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Wright

DATE OF BIRTH (month, day, year) Dec 17 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Dyer Station

13. NAME Shadrach W. Tipton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sallie A. Leaf

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Wright

(Address) 4813 Crowson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem Date 3/9 19 38

19. UNDERTAKER J. C. Morgan

(Address) 3800 Harford

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/4 1937 to 3/6 1938

I last saw h alive on 3/2 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Carcinoma of Pancreas	2 yrs
Obstructive jaundice	2 mos
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Henry Farrell M. D.

(Address) 3902 Fleetwood

1936

H

(639) F 14639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Belle Dolan Home for the Aged

(a) Residence: No. 1200 Valley St- Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 26 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74 75-	3 1/2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia U S A

13. NAME Thomas Dolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary O'Neil

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Little Sisters of the Poor
(Address) 1200 Valley St- Baltimore

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar. 9 38

UNDERTAKER Rita Wiedefeld
(Address) 917 Greenmount Ave

Huntington Williams, Mgr.

FILED 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 7, 1938.

I last saw her alive on March 7, 1938. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 D.
Other contributory causes of importance: Chr Endocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O'Neil Larkin M. D.

(Address) 111 W Hamburg

14640 HEALTH DEPARTMENT—CITY OF BALTIMORE 14640

CERTIFICATE OF DEATH

17

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 22-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. John W. OTTO Jr.

(a) Residence: No. 3005 Rosalind Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of CARRIE BUTLER OTTO

DATE OF BIRTH (month, day, year) Dec. 13, 1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. garage 0086

10. Date deceased last worked at this occupation (month and year) Feb 23

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Mr John W. Otto

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mrs Mary McGuire

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Md. Gen. Hosp. Records
(Address) Baltimore Maryland

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date 3/9 1938

UNDERTAKER John J. Fahey & Son
(Address) 1316 Light St Balto.

FILED ..... 19..... Registrar.

1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 6, 1938.

I last saw h.IIIZ alive on March 6, 1938. Death is said to have occurred on the date stated above, at 12:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	2-23-38
Other contributory causes of importance: Paralysis of Right Foot	3-5-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Henry W. Wiese, M. D.

(Address) 242 Gen Hosp

F 44641

HEALTH DEPARTMENT—CITY OF BALTIMORE

641

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doris Montgomery

(a) Residence: No. 5360 W. Belville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of child

DATE OF BIRTH (month, day, year) ? 2/17/38

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2/17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto. Md

12. NAME Mack Dowell

13. BIRTHPLACE (city or town) (State or country) unknown

14. MAIDEN NAME Mary Montgomery

15. BIRTHPLACE (city or town) (State or country) Cedartrail, N. C.

16. INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAR 8 - 1938

UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 6, 1938

I last saw her alive on March 6, 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
a	Prematurity	2/38
b	Marasmus	
c	Aspiration pneumonia	3/4/38

Other contributory causes of importance:

Dehydration

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett L. Dyer, M. D.

(Address) University Hosp.

F 11612

HEALTH DEPARTMENT—CITY OF BALTIMORE

3642

CERTIFICATE OF DEATH

39638 B RHW

Registered No. 95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Smith

(a) Residence: No. 108 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/7/1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr. Darnell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Miles Grove- Smith

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Winfred Miller

16. BIRTHPLACE (city or town) (State or country) Penn.

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Belmont Date 3/8/38

UNDERTAKER Robert Brent & Son
(Address) Calhoun & Fayette Sts

MAR 8 1938 Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to March 8, 1938.

I last saw h[illegible] alive on March 8, 1938. Death is said to have occurred on the date stated above, at 4:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lauffle M. D.

(Address) Baltimore City Hospitals

F 14643

HEALTH DEPARTMENT—CITY OF BALTIMORE

14643

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2849 W. North Avenue St., 15-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Cary Hayden

(a) Residence: No. 2849 W. North Avenue. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of [illegible] Sue R. Hayden

DATE OF BIRTH (month, day, year) September 1st 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sea Food Merchant-Self.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation 45

BIRTHPLACE (city or town) (State or country) Northumberland County Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Jacques

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Mrs. Sue R. Hayden
(Address) 2849 W. North Avenue.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date March 10th 19 38

UNDERTAKER Wm J Tucker & Sons
(Address) [illegible]

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 9-2-37, 19 ... to 3-7-38 19 ...

I last saw him alive on 3-7-38, 19 ... Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	Aug 37
Other contributory causes of importance: Anaemia	6Mo

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19 ...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify None

(Signed) Fred Kellett M. D.

(Address) 910 N Fulton Ave

✓ F 44644

HEALTH DEPARTMENT—CITY OF BALTIMORE

44644

CERTIFICATE OF DEATH

93-E

Registered No. 11-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie W. Day

(a) Residence: No. 1323 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wellington G. Lay

6. DATE OF BIRTH (month, day, year) Jan 1800

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H. W. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Chas E. Williamson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr W. G. Day

(Address) 1323 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

Registrar.

MAR 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, what? H. R. Carlson M. D.

(Signed) Coroner

(Address) 2257 W. Pratt

14645

E 14645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles A. Geller

(a) Residence: No. 2503 Calverton Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Geller

7. DATE OF BIRTH (month, day, year) July 9, 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Lord Balto. Sta

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord Balto. Filling Sta.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

13. NAME Charles A. Geller

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary E. Geller
(Address) 2503 Calverton Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 10, 1938

19. UNDERTAKER Wm. L.
(Address)

FILED 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Taromoosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Date of injury March 6, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Taken Struck driving Auto on Edmondson Ave at Gilmore

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

S 6

sec.—2-29-28—L. F. S.—500 Bks.

44646

F 44646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave ST. 12-1 WARD)

Edgewood Lane.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillie C. Jetton

(a) RESIDENCE NO. 112 W. Univ Pkway ST., Roseside WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N Jetton

DATE OF BIRTH (month, day, and year) Dec. 19. 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Junction N.C.

10 NAME OF FATHER Ephrin Cornel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Junction N.C.

12 MAIDEN NAME OF MOTHER Frances Loughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Junction N.C.

Informant Mrs L S Sherrill

(Address) 112 W University Parkway

Filed 3-8-1938, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 8 1938

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 1936, to MAR 8, 1938.

that I last saw her alive on MAR 8, 1938

and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic Hypertension

over

(duration) 10 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 East 39th.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte N.C.

DATE OF BURIAL March 8 1938

20 UNDERTAKER Harry F Wilke

ADDRESS 2101 Edmondson Ave

14647 E 14647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2948 Edmondson Ave. St., 16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR ,

2. FULL NAME Rose Catherine Twelbeck
(a) Residence: No. 2948 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: late Henry H. Twelbeck

DATE OF BIRTH (month, day, year): Nov. 16, 1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Andrew Flichman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Brun

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Herman H. Twelbeck
(Address) 2948 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL
Place Western Date March 9, 1938

UNDERTAKER: Harry F. Leitzke
(Address) 4101 Edmondson Ave.

FILED 1938 Filing Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1935 to Mar. 6, 1938
I last saw her alive on Mar. 6, 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Coronary Thrombosis	3/1/38

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George J. Kuper M. D.
(Address) 3030 Edmondson Ave

E 14618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME EUGENE JOHNSON

(a) Residence: No. HERFORD MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	NEGRO	SINGLE

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hereford Maryland

13. NAME John Lewis Johnson

14. BIRTHPLACE (city or town) (State or country) Monkton Balto. Co

15. MAIDEN NAME Emily M. Hall

16. BIRTHPLACE (city or town) (State or country) Fork Keyonville Balto. County

INFORMANT (Address) John Lewis Johnson Monkton Maryland

BURIAL, CREMATION, OR REMOVAL Place Hereford, Md. Date May 16 1938

UNDERTAKER (Address) Wm. C. Brookerson Sparks, Maryland

FILED MAR 8 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/1938

22. I HEREBY CERTIFY, That I attended deceased from 2/27/1938 to 3/8/1938

I last saw him alive on 3/8/1938 Death is said to have occurred on the date stated above, at 12-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BILATERAL BRONCHOPNEUMONIA	2/20/38

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest L. Diggs, M. D.

(Address) UNIVERSITY HOSPITAL

4649 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44649

CERTIFICATE OF DEATH

X 137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 wks. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin D. Specht

(a) Residence: No. Savage St., Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Specht

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cotton mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob Specht

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Rean

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Mar. 11 1938

19. UNDERTAKER Lloyd Hauser
(Address) Pikesville

20. FILED 3-1938 Witness [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to March 8, 1938.
I last saw him alive on Mar 8 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3/5/38
Benign Prostatic Hypertrophy.	?
Hypertensive Cardiovascular Disease	
Other contributory causes of importance:	
Acute Urinary Retention.	1/31/38

Was an operation performed? Yes Date of 12/22/38
For what disease or injury Benign Prostatic Hypertrophy & urinary retention
Name of operation Suprapubic Cystotomy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Ed. Cornbrooks M. D.
(Address) University Hospital.

14650 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14650

CERTIFICATE OF DEATH

98

1. PLACE OF DEATH Md. Gen'l. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward 12-4 Registered No.

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Shanna K. House If U. S. Veteran specify WAR No Record

(a) Residence: No. 2102 N. Calvert St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
F	W	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Wm. T. House

DATE OF BIRTH (month, day, year) Feb 3rd 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt Pt

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John D. Lancaster

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Bertha Z Reese

(Address) 2514 Maryland Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 10 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 9-1938 Wm. T. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1938 to 3-7 1938

I last saw h[illegible] alive on 3-7 1938 Death is said to have occurred on the date stated above, at 3:12 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Gangrene rt. foot.

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-3-38

For what disease or injury? Gangrene rt. foot

Name of operation Amputation thru thigh

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

E 44651

HEALTH DEPARTMENT—CITY OF BALTIMORE

651

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2021 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald James Reinke (Baby) If U. S. Veteran specify WAR

(a) Residence: No. ..... Parsons Ave. English St. Ward. Md Balto Co Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of ——— (or) WIFE of ———

DATE OF BIRTH (month, day, year) Oct 27th 1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 mos	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Edna Reinke

16. BIRTHPLACE (city or town) (State or country) Hurlock Md

INFORMANT Georgia Rey
(Address) Davey Ave, Lansdowne Md.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 11th 1938

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED May 11 1938 Lester Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1/1938 to 5/8/1938

I last saw h.... alive on 3/7/1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Dehydration	
Vomiting	about

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas B Marsh M. D.
(Address) Bon Secours Hosp

4652 F 44652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 8-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Mayfield Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie M. Tinley

If U. S. Veteran specify WARS Record

(a) Residence: No. 2305 Mayfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of Philip V. Tinley

DATE OF BIRTH (month, day, year) Jan 23rd 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self (?)

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Phila Pa

12. NAME Charles Hirschfield

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline V.

16. BIRTHPLACE (city or town) (State or country) Md Baltimore

INFORMANT Herbert A. Tinley

(Address) 3205 Ellerslie Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 10th 1938

UNDERTAKER Wm Cook

(Address) 207 St Paul St

FILED . 19 Registrar.

1938 Huntington Parkersburg, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1937 to Mar 8th 1938

I last saw h[illegible] alive on Mar 6th 1938. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Other contributory causes of importance:	
Auricular fibrosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon N. Condon, M. D.

(Address) 1819 St Paul St.

F 14653

14653 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH (MB) 27347 51 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Williams,

(a) Residence: No. 230 S. Bethel St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Williams (d)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Downs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/9/38 19

19. UNDERTAKER Elroy A Wilson

(Address) 1000 Bramble ave

20. FILED ... 19 ... Registrar

3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-9 . 1937 to 3-4 . 1938

I last saw h/im alive on 3-4 . 1938 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Penis with metastasis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-16-35

For what disease or injury? Carcinoma penis

Name of operation Amputation of penis

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no ... If so, specify ...

(Signed) Lt. Woodward jr. M. D.

(Address) Balto. City Hosp.

F 44654

54

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto City Hospitals V 92-a cc

CITY OF BALTIMORE: (No.) Bay View St., 24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John English

(a) Residence: No. 218 W Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 2-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Patrick English

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Stewart

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mrs. Lillie English

(Address) 218 W Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/10/1938

19. UNDERTAKER John J Cowan & Son

(Address) 409 Fallsway

20. FILED 19 Registrar

R9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 1 year

Other contributory causes of importance: Arterio-sclerosis Hodgkins disease — Date of onset 4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Broadway

E 14655

655 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — V 108

County — Registration Dist. No. 6 1

Village or City Baltimore — No. 102, N Central Ave St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hebron

(a) Residence: No. 102 N. Central Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 10th 1929

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 8	7	27	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic for

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Frederick Hebron

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Matilda Kimball

16. BIRTHPLACE (city or town) Annapolis (State or country) Md

INFORMANT Mrs Matilda Hebron (mother)

(Address) 102 N. Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date March 9 1938

UNDERTAKER Mrs Charles H. Bailey

(Address) 421 Jefferson St.

Filed 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 7 (Day) 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 3 1938 to March 7 1938

I last saw her alive on March 7 1938, death is said to have occurred on the date stated above, at 3 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 2
Other Contributory Causes of importance: Acute Dilatation of Heart	March 6

Name of operation — Date of

What test confirmed diagnosis? Sputum, Blood, Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. A. Berry M. D.

(Address) 1420 E. Chase

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1910 W Pratt Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

14656 14656

CERTIFICATE OF DEATH

Registered No. 14656

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Cottage Ave 45-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Israel Goldberg If U. S. Veteran specify WAR

(a) Residence: No. 3714 Cottage Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Not Known

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Not Known

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Simon Locks (Address) 3714 Cottage Ave

BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship 3/9/38

UNDERTAKER Jos. E. Balsley Inc. (Address) 1439 E. Baltimore St

FILED 19 Huntington Williams, Registrar

3-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to March 8, 1938

I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	1933
Other contributory causes of importance: Anemia	Jan, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Meranski M. D.

(Address) 1810 W. North Ave.

Breece

1657 HEALTH DEPARTMENT—CITY OF BALTIMORE 1657

CERTIFICATE OF DEATH

V 46-B

Registered No. 27-15

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4252 Falls Rd. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James R. Breece.

(a) Residence: No. 4252 Falls Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If (married) widowed, or divorced HUSBAND of (~~deceased~~) Ella M.

DATE OF BIRTH (month, day, year) Feb. 5, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair man 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Machines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Caroline Funk

16. BIRTHPLACE (city or town) (State or country) New Jersey

INFORMANT (Address) Ella M. Breece 4252 Falls Rd.

BURIAL, CREMATION, OR REMOVAL Place Middletown Cemetery Date Mar. 9 '38

UNDERTAKER (Address) F. W. Pregory 440 E. North Ave.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to March 6, 1938

I last saw h~~im~~ alive on March 6, 1938 Death is said to have occurred on the date stated above, at 6-30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - of Stomach — Date of onset 2

Other contributory causes of importance: Myocardial insufficiency

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) C. H. Smith. M. D.

(Address) 8429 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

44658 — CERTIFICATE OF DEATH — 46-7F 44658

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Hosp. Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Helen Hi Taylor — If U. S. Veteran specify WAR

(a) Residence: No. 2709 Elsinor Avenue, Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 3, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norfolk Virginia

13. NAME Beverly K. Taylor

14. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

15. MAIDEN NAME Emily Tebo

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

INFORMANT Mrs. Samuela Thompson

(Address) 2709 Elsinor ave. Balto

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date March 9 '38

UNDERTAKER John F. Mitchell Funeral

(Address) 1900 Eutaw Place

MAR 9 - 1938 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938, to Mar 7, 1938

I last saw her alive on Mar. 7, 1938. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of recto-sigmoid with metastasis	1937
Other contributory causes of importance:	

Was an operation performed? Yes. Date of March 1, 1938

For what disease or injury? Ca Recto. sigmoid

Name of operation Sigmoidostomy

What test confirmed diagnosis Clin. Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Keetz M. D.

(Address) Church Home & Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14982 14659 X V 46-at 14659

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph Tyler

If U. S. Veteran specify WAR .....

(a) Residence: No. Sanderaville St., ... Ward. Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/2/69

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ala.

13. NAME Joseph Tyler

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jane Lodwell

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sandersville Ga. Date 3-11 1938

UNDERTAKER John O Mitchell & Sons
(Address) 1300 Eutaw Pl.

FILED Huntington Williams, M.D.
Registrar.

APR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch - 9 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 , 1938. to Mch - 9 , 1938.

I last saw him alive on Mch - 9 , 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the esophagus	6 mos
Post-operative debility - Shock.	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 8 1938

For what disease or injury? Ca of esophagus

Name of operation Gastrostomy Dilatation of esophagus Thoracotomy for

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14660 — E 14660 — √95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 O'DONNEL ST. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME CATHERINE. A. SHERIDAN

If U. S. Veteran specify WAR

(a) Residence: No. 2924. O'DONNEL ST. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of JAMES SHERIDAN

DATE OF BIRTH (month, day, year) MAY 1/ 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 60	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WEST VA.

13. NAME WILLIAM T. BROWN

14. BIRTHPLACE (city or town) (State or country) W. VA.

15. MAIDEN NAME ANNIE M. MORAN

16. BIRTHPLACE (city or town) (State or country) W. VA.

17. INFORMANT JAMES. SHERIDAN (SON.
(Address) 2924 O'DONNEL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CATHEDRAL Date MAR. 10 1938

19. UNDERTAKER Lilly & Zeilenbach
(Address) 403 S. WOLFE ST.

20. FILED MR 9 — 1938 Huntington Williamson, WV

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Mar 7 1938

I last saw h[illegible] alive on Mar 6 1938. Death is said to have occurred on the date stated above, at 7 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	1935
Apoplexy.	Mar 5 38
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Schimunek M. D.

(Address) 542 S. Ewing Ave.

14661 E 14661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. KENWOOD AVE. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME GEORGE H. DIGGS

(a) Residence: No. 506 S. KENWOOD AVE. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
MALE	WHITE	MARRIED

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Diggs

DATE OF BIRTH (month, day, year) FEB. 12/1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63		23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

13. NAME JAMES. DIGGS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

15. MAIDEN NAME CATHERINE. ?

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

INFORMANT (Address) FREDENCHA SCHUPPEL 506 S. KENWOOD AVE.

BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN. Date MAR. 10 1938

UNDERTAKER Lilly & Feller Inc (Address) 403 S. Wolfe St.

FILED 9-1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 . 1938 to March 7 . 1938

I last saw h.im alive on March 7 1938 2/25 pm Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Eugene Zellers M. D.

2700 Eastern Ave

14662

HEALTH DEPARTMENT—CITY OF BALTIMORE

14662

CERTIFICATE OF DEATH

53 E

5-1

20910--RH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Price

(a) Residence: No. 206 N. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marcelline

DATE OF BIRTH (month, day, year) 4/11/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Mathias Price

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem 3-9- 1938

UNDERTAKER Robert Parry & Wright

(Address) 1218 N. Eden St

FILED 19 Registrar Huntington Williams, M.D.

MAR 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1938 to 3-6 1938

I last saw h/he alive on 3-5 1938 Death is said to have occurred on the date stated above, at 4-40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell carcinoma left submaxillary gland with metastasis and hemorrhage	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-28-38

For what disease or injury?

Name of operation Biopsy of left submaxillary gland

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. K. Woodward M. D.

(Address) Balto City Hosp.

14663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 14663

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Somerset St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hughes

(a) Residence: No. 408 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Cau	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Hughes

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lapp md

13. NAME Frank Hughes

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Henretta ?

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Anna Hughes

(Address) 408 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-11- 1938

UNDERTAKER Bafford Morris H Wright

(Address) 1218 N Caroline St

FILED 9-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1938 to Mar 7 1938

I last saw him alive on Mar 6 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Vascular Disease	Jan 30 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Allen M. D.

(Address) 502 Lexington Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 14664

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Gilliece (Melville) (Middle Name) If U. S. Veteran specify WAR

(a) Residence: No. 520 Stanford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Fackenier Gilliece

DATE OF BIRTH (month, day, year) 11/7/76

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfgr. & Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. Supplies.

10. Date deceased last worked at this occupation (month and year) Dec 1937

10a. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Milton, Pa.

13. NAME Anna Gilliece

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Mary Louise Baker

16. BIRTHPLACE (city or town) (State or country) Milton, Pa.

INFORMANT Record
(Address)

BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Park Cem Date Mar. 10, 1938

UNDERTAKER Wm. J. Tribens & Son
(Address) North & Eutaw

FILED 9-1938 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1938 to Mar-8 1938

I last saw him alive on Mar-8 1938. Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of lung	6 Mos.

Other contributory causes of importance:

Operative shock.

Was an operation performed? Yes Date of Feb 25, 1938 March 8, 1938.

For what disease or injury? Carcinoma

Name of operation Pneumonectomy - 2 stages

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline Jeffreys, M. D.

(Address) Johns Hopkins.

14665 E 14665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 211 Penn St. 22-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wesley Ruby
If U. S. Veteran specify WAR

(a) Residence: No. 211 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed or divorced: HUSBAND of (or) WIFE of Bessie Ruby

DATE OF BIRTH (month, day, year) Mar. 8, 1886

AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	52	0	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1005
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jos. E. Ruby

14. BIRTHPLACE (city or town) (State or country) Texas Md

15. MAIDEN NAME Amelia J. Pickett

16. BIRTHPLACE (city or town) (State or country) Caproce Co Md.

INFORMANT Mrs. Bessie Ruby
(Address) 211 Penn St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 10, 38

UNDERTAKER Pickett Bros
(Address) Norfolk & Paines.

FILED 19 Huntington W. Va. Registrar

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1937, to 3/8, 1938

I last saw him alive on 3/5, 1938. Death is said to have occurred on the date stated above, at 1.30a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1da
Chronic Cardio Vascular Disease	10yrs
Bronchial Asthma	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph G. Lankatis M. D.

(Address) 6 Washington Blvd

1666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44666

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Shirley Ave St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Jonas

(a) Residence: No. 2623 Shirley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs. Helena

(Address) 2623 Shirley Ave

BURIAL, CREMATION, OR REMOVAL Interred

Place Wolfmen Circle Mt. Date 3-9- 38

UNDERTAKER Jack Lewis Inc

(Address) 1319 E. Baltimore St

FILED 3-10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to March 9- 1938

I last saw her alive on March 8- 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	May 38
Other contributory causes of importance: Chronic myocarditis, nephritis.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Pustovin M. D.

(Address) 2338 Eutaw Pl.

14667 E 14667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 587

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 573 S. Ann St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Tryciak

(a) Residence: No. 573 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: George Tryciak

DATE OF BIRTH (month, day, year) June 1-1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wojciech Tryciak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Tryczynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT George Tryciak Husband

(Address) 573 S. Ann

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 13th 1938

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St.

20. FILED 1938 Huntington Howard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, A Post or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Diabetic Toxicity	6 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 W. Pound Ave.

F 14668

14668 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 Greenspring Ave (Ward) 15-12

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maude L. Wolverton

(a) Residence: No. 3524 Greenspring Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. J. Wolverton

DATE OF BIRTH (month, day, year) Nov 16, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles A. Hoffmaster

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Lennie E. Armstrong

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Mrs. Ora Evans

(Address) 3524 Greenspring Ave.

BURIAL, CREMATION, OR REMOVAL Woodlawn Date March 10 1938

UNDERTAKER Thompson & Son.

(Address) 3415-17 Edmondson

Registrar.

FILED 9-1938 Hillsville, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938 to March 7 1938

I last saw h[illegible] alive on March 7 1938 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Chronic Interstitial Nephritis	Feb. [illegible]
Other contributory causes of importance: Hypostatic congestion	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. [illegible] M. D.

(Address) 817 Madison Ave

rec.—1-12-23—M&T—500 Blks.

E 14669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14669

CERTIFICATE OF DEATH.

55-E

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3722 Hayward ST. 27-18 (WARD)

2-FULL NAME Patricia M. Burns

(a) RESIDENCE NO. 3722 Hayward ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	W.	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 9, 1938

AGE	Years	Months	Days	If LESS than 1 day 3 hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (City or town) 3722 Hayward ave Balto md
(State or country)

10 NAME OF FATHER Jas E Burns

11 BIRTHPLACE OF FATHER (City or town) Balto md
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Ritter

13 BIRTHPLACE OF MOTHER (city or town) Balto md
(State or country)

Informant Jas E. Burns father
(Address) 3722 Hayward ave

Filed 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-1938

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1938, to 3-9, 1938, that I last saw h[illegible] alive on Mar. 9, 1938, and that death occurred, on the date stated above, at 6 a-m

The CAUSE OF DEATH* was as follows:

Large unknown Tumor in abdomen at birth (pathology not known)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obsvn.

(Signed) James D. Aschurst, M. D.

3-9 1938 (Address) 401 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/10 1938

20 UNDERTAKER Elmer W. Conklin & Son — ADDRESS 524 E Eager St.

E 44670

4670 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Sinai Hospital) 6-4 (Ward)

gth of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth N yrs. ..... mos. ..... ds.

. FULL NAME Molly Rosen

If U.S. Veteran specify WAR .....

(a) Residence: No. 20 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

ATE OF BIRTH (month, day, year) 1863

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

3. NAME Yale

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Dora

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Rosedale Date 3/9/38 19

NDERTAKER Jack Levy Inc
(Address) 1439 E. Balto St
Huntington Williams, Mgr.

ILED 938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-38. 19

22. I HEREBY CERTIFY, That I attended deceased from March 6. 1938 to March 9. 1938

I last saw her alive on March 9, 1938. Death is said to have occurred on the date stated above, at 1.00 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocardium	
Auricular Fibrillation	
Uremia	over

Other contributory causes of importance:

Pulmonary Edema	3/8/38

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stanley Bank, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ L 11671

671

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Fayette E. Linwood St. 6-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Robert R. B. Shefield
(a) Residence: No. 2 Hunter Ave Rosedale St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie E Shefield

DATE OF BIRTH (month, day, year) Sept 21 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 6 30
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
10. Date deceased last worked at this occupation (month, day, year) 5 5 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Va
13. NAME Robert R. Shefield
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Ida Hysot
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Mamie E Shefield
(Address) 2 Hunter Ave Rosedale
18. BURIAL, CREMATION, OR REMOVAL Date May 9 1936
Place Parkwood
19. UNDERTAKER John Ulrich & Sons
(Address) 2001 Orleans

1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1936
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac failure	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler M. D. Coroner
(Address) 7012 E. Pulaski Hwy

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

44672

44672

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Powell

If U. S. Veteran specify WAR

(a) Residence: No. 1519 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Carlesse Powell

14. BIRTHPLACE (city or town) (State or country) N. C

15. MAIDEN NAME Dorothy Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carlene Powell
(Address) 1923 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date March 9. 1938

19. UNDERTAKER Edw. Bryson
(Address) 1949 Orleans

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3, 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2, 24, 1938 to 3, 6, 1938

I last saw he alive on 3, 6, 1938 Death is said to have occurred on the date stated above, at 3½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2.20.38
Other contributory causes of importance: Otitis media	2.23.38

Was an operation performed? yes Date of 2.24.38

For what disease or injury? Otitis media

Name of operation Myringotomy

What test confirmed diagnosis? Clinically Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

F 14673

14673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Division St., Ward) 17-2

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adelaide L. Jennings

(a) Residence: No. 1336 Division St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Jennings

6. DATE OF BIRTH (month, day, year) Dec. 5, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tappahana Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Tappahana Va.

17. INFORMANT Ellen Jones Cousin

(Address) 1336 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 10 1938

19. UNDERTAKER Mrs. E. A. Elliott & Daughter

(Address) 1129 W. Carlton St.

Mar 8 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to March 6 1938

I last saw h alive on March 4 1938 Death is said to have occurred on the date stated above, at 7.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	Feb 1938
Other contributory causes of importance: Cardiac Decompensation	Feb 1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Wolff M. D.

(Address) 861 Hanover

14674 HEALTH DEPARTMENT—CITY OF BALTIMORE 14674

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 W Saratoga St. 18-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Mary Ann Hurley

(a) Residence: No. 1129 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Dallemans Hurley

DATE OF BIRTH (month, day, year) March 16, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) St mary co. md

10. NAME Tobias Smith

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME Mary Jane, Tasco va

13. BIRTHPLACE (city or town) (State or country) va

14. INFORMANT Wayman Wade 1129 w Saratoga St
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date March 9 19 38

16. UNDERTAKER Mrs. R. A. Elliott & Daughter
(Address) 112 E. Caroline St.

19 38 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 5, 1938

I last saw h alive on March 5 1938 Death is said to have occurred on the date stated above, at 8 30 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease - mitral

Date of onset

Other contributory causes of importance:

nephritis

Was an operation performed? ✓ Date of ...

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, what? ...

(Signed) J Edward Fisher M. D.

(Address) 1612 E Monument

D. P. 1268-9

✓ F 44675

4675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2875 Chesterfield Ave. St., 27-1 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Barranger

(a) Residence: No. 2875 Chesterfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Everding Barranger

DATE OF BIRTH (month, day, year) June 15 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant of Detective 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Fredirika Barranger

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Schrem

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wife Mrs Marie Barranger

(Address) 2875 Chesterfield ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 11 1938

UNDERTAKER Frank V. Pipitone

(Address) 2918 E. Baltimore st

1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 to March 7 38

last saw h alive on March 7 1938 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Arteriosclerotic Cardio-Vascular Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F. Brown M. D.

(Address) Medical Arts Bldg

F 44676

44676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a cc

Registered No. 1872

1. PLACE OF DEATH: Balto. City Hospital
CITY OF BALTIMORE: (No.) Bay View St., 2 1 - 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Benjamin Gross
(a) Residence: No. 107 Denver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucille Gross

DATE OF BIRTH (month, day, year) Aug 8-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.
13. NAME William Gross
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.
15. MAIDEN NAME Susan Dorsey
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mr. Lucille Gross Wife
(Address) 107 Denver St

18. BURIAL, CREMATION, OR REMOVAL. Date Mar 10 1938
Hagerstown Md
19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill ave.

FILED 19 Registrar
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 day
	17

Other contributory causes of importance: Fracture 5th Cervical Vertebra Paraplegia 2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cervical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-26-1938

Where did injury occur? 107 Denver St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture 5th Cervical Vert.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Ward M. D.
Coroner

(Address) 1712 N. Howard St.

D. P. 1268-9

E 11677

HEALTH DEPARTMENT—CITY OF BALTIMORE

677

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Jenkins Memorial Hospital Registered No.
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 27th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Elizabeth Kelly
(a) Residence: No. 2809 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Kelly

DATE OF BIRTH (month, day, year) June 19 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County.

13. NAME Richard Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jenkins Mem. Hospt
(Address) 1000 Eaton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mays Chapel 3/11 1938

UNDERTAKER P. H. Phelan
(Address) 324 E. Baltimore St.

3/8 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1933 to 3-6 1938
I last saw her alive on 3-6 1938 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease c Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Laurence J. Slumgulus M.D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16678 16678 92-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1729 Ellamont Street St., 15-6 Ward)

gth of residence in city or town where death occurred 69 yrs. 9 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Margaret Lewis Atwell

(a) Residence: No. 1729 Ellamont Street. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Atwell

ATE OF BIRTH (month, day, year) May 20th 1868

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
8. Date deceased last worked at this occupation (month and year) ---
11. Total time (years) spent in this occupation ---

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME: Henry Despeaux

14. BIRTHPLACE (city or town) France
(State or country)

15. MAIDEN NAME Elizabeth Bangs

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Mrs Ada R. Fleisher
(Address) 1729 Ellamont Street.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 12th 38

UNDERTAKER Wm J. Tayloe & Sons
(Address) Balt. & Pa. Aves

FILED ..... 19 ..... Registrar

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th, 19 38

22. I HEREBY CERTIFY, That I attended deceased from March 2, 19 38 to March 8, 19 38

I last saw h[illegible] alive on March 8, 19 38. Death is said to have occurred on the date stated above, at 7.10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	
Cerebral hemorrhage	
Other contributory [illegible] of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state fully

3/9/38 (Signed) Ernest H. Fellers M.D.

(Address) 1732 Eutaw Court

F 11679

(679)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 607 N. Hamburg St. St. 21-1 Ward)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Zinkhan.

(a) Residence: No. 607 N. Hamburg St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) August 18, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	18 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Zinkhan.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Gertrude Budesheim.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Catherine E. Zinkhan. (cousin)

(Address) 10 S. Calhoun St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 1938

UNDERTAKER

(Address)

1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8°1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

3/8/38 (Address) 1017 S. Charles St.

E 44680

44680 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 95 - B 29603 JS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 7-6-9 Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME William Bomhardt

(a) Residence: No. 1201 Baylis St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Bomhardt

6. DATE OF BIRTH (month, day, year): 6-29-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stevedoring

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME OF FATHER: Jacob Bomhardt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Anna Raise

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Carmel Date Mar 12 - 1938

19. UNDERTAKER (Address): Wm Cook 127 S Paul St

19. FILED: MAR 12 1938 Registrar: Annie E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1938, to March 9, 1938.

I last saw him Alive on March 9, 1938. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

F 14681

681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospitals St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

FULL NAME William Clark (30665)

(a) Residence: No. 1226 Creighton St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single ?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) About 1890

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 ~~65~~			

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
5. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

2. NAME William Clark

4. BIRTHPLACE (city or town) (State or country) Balto Md

5. MAIDEN NAME Mary Mayers

6. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 10 1938

UNDERTAKER William Cook
(Address) 1217 St Paul St

FILED 10 1938 Remington Williams, R.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938 to March 5, 1938

I last saw him alive on March 5, 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1937?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Curtis, M. D.

(Address) Balto. City Hospitals

F 44682

44682 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. 21-2

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1121 Sargeant St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Mary Christina Davis

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1121 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John Davis

ATE OF BIRTH (month, day, year) Aug 12 1853

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	26	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Baltimore
(State or country) Md

3. NAME Dr Eric Bekelman

4. BIRTHPLACE (city or town) Germany
(State or country)

5. MAIDEN NAME Doris

6. BIRTHPLACE (city or, town) Germany
(State or country)

NFORMANT Florence Davis
(Address) 1121 Sargeant St

URIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 11 1938

NDERTAKER Wm Cook
(Address) 1217 St Paul St

ILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4 1938 to March 8 1938

I last saw h~~er~~ alive on March 7 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC	
1 CARDIOVASCULAR DISEASE.	1934
Other contributory causes of importance: —	

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Edward J. Nolan M. D.

(Address) 682 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44683

CERTIFICATE OF DEATH

F 44683

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNDERTAKER

(Address)

... 19... ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19...

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and saw the deceased alive, held an ... (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

14681 CERTIFICATE OF DEATH V 108 F 14681

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Bell. Gen. Hosp St., 27 Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel E Enson Jr. If U. S. Veteran specify WAR

(a) Residence: No. 3524 Woodland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane M.

7. DATE OF BIRTH (month, day, year) August 8, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm R. R. Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Daniel Enson

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Eliza Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Fox. E. Enson

(Address) 3524 Woodland Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 11, 1938

UNDERTAKER Everstey Sons

(Address) Allegheny City

FILED MAR 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 8, 1938

I last saw him alive on March 8, 1938 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset March 4

Congestive Heart Failure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams, M. D.

(Address) 1 W Read St

F 44685

14685 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St. 17-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Blake

(a) Residence: No. 644 W. Mulberry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thom Blake

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mattie Williams

16. BIRTHPLACE (city or town) (State or country) Marylans

INFORMANT Tillie Stewart

(Address) 1025 Carrolton

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 10, 38

UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

FILED 19 Registrar

MAR 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Chest	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Homicide March 9, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 600 Block Pierce St.

Manner Stabbed with Small Kitchen Knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Cullen, M. D. Coroner

(Address) 225 N Howard

14686 E 14686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30811--M 1-a

34-3-171

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Rosetta Gray

(a) Residence: No. 215 Myrtle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of James

DATE OF BIRTH (month, day, year) 5/28/~~1910~~ 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Joseph Henry Smith

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Cornelia Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 10, 38

UNDERTAKER Mrs Katie R Wilkins

(Address) 332 N Johnson St

FILED 10 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1938, to March 7, 1938.

I last saw h~~er~~ alive on March 7, 1938. Death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Jan. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 14687 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14687

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ....) St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myer Sumer

If U. S. Veteran specify WAR ....

(a) Residence: No. 2532 Oswego St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Sayton

(Address) 601 S. Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Pk Date 3-10-38 19

19. UNDERTAKER Jas. Leary Inc.

(Address) 1439 E. Baltimore

FILED MAR 10 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... on the day stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance: ....

Was an operation performed? ... Date of ....

For what disease or injury? ....

Name of operation ... Date of ....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-9 1938

Where did injury occur? 2532 Oswego Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Fell from bed to floor

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) ... M. D. Coroner

(Address) 1910 Harlem Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

14688 CERTIFICATE OF DEATH 13-B F 14688

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No.) 140 N Exeter St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Stanley Smith

(a) Residence: No. 140 N Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucille Smith

ATE OF BIRTH (month, day, year): June 5-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Westmoreland Co Va

13. NAME: Stanley Smith

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Hewitt or Smith

16. BIRTHPLACE (city or town) (State or country): Va

NFORMANT: Mrs Callenie Trent

(Address) 3019 Walbott St

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date 3-11- 1938

NDERTAKER: Bryant Mamie Wright

(Address) 1218 N Calhoun St

10 1938 Huntington W Va

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938 to March 8, 1938

I last saw him alive on March 8, 1938 Death is said to have occurred on the date stated above, 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Bronchopneumonia	March 1 1938
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 509 Cumpston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

14689 14689

CERTIFICATE OF DEATH

✓ 110

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Orleans St., 6-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Norris

If U. S. Veteran specify WAR

(a) Residence: No. 1837 Orleans St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Norris

DATE OF BIRTH (month, day, year) Nov. 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

13. NAME Jack Brown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sallie Jones

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Frank Norris

Address 1837 Orleans St.

BURIAL, CREMATION, OR REMOVAL Place Arundel cem. Date 3-10- 1938

UNDERTAKER Byron Thomas & Wagner

(Address) 1811 E. Baltimore St.

FILED 19 Wilmington Co.

MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to March 6, 1938

I last saw h[illegible] alive on March 6, 1938 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - pneumonia	March 4, 1938
Other contributory causes of importance: Acute Dibrinous Pleurisy	Feb 20, 1938 own

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Young M. D.

(Address) 1424 E. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 137 F 44690

44690

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 N Fulton Ave, 15-2 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H Shilly

(a) Residence: No. 1440 N Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shilly

6. DATE OF BIRTH (month, day, year) April 29 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 6040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Factory

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

13. NAME OF FATHER John Shilly

14. BIRTHPLACE (city or town) (State or country) Baltimore MD

15. MAIDEN NAME OF MOTHER Sarah Dunn

16. BIRTHPLACE (city or town) (State or country) Baltimore MD

17. INFORMANT (Name) Mrs Nonnie Cooke

(Address) 1440 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/10 38

19. UNDERTAKER Fulton & Crawford

(Address) 127 or Crawford

20. FILED 19 Huntington Williams Asst. Registrar.

MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1938 to March 7 1938

I last saw h alive on March 8 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied prostate	? over 3 mths
Bronchitis terminal	
Other contributory causes of importance: Bronchitis Kidney infection uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Urine examinations

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nonnie Cooke M. D.

(Address) 2432 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

6691 | 6691

CERTIFICATE OF DEATH

V 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Trimole

(a) Residence: No. 5. N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Trimole

DATE OF BIRTH (month, day, year) Aug. 31, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Balto. Md.

11. NAME Robert Trimole

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Margarett Matner

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT L.L. Miller
(Address) 211 Upnor Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 3/10 19 38

19. UNDERTAKER J. McCormick & Co
(Address) 1217 E. Oold St

20. FILED 19 Registrar

MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Jan. 24 1938. 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto Crossing Street at

Nature of injury Fract. of Tibia Penn. Ace. North

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Nelson M. D.
Coroner

(Address) 2757 Mass Ave

4692 HEALTH DEPARTMENT—CITY OF BALTIMORE 4692

CERTIFICATE OF DEATH

Registered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 East 30th St. 9-th Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Thuber

If U. S. Veteran specify WAR

(a) Residence: No. 736 E 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Thuber

6. DATE OF BIRTH (month, day, year) Sept. 5. 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Co

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) York Co Pa

13. NAME of father Jacob Thuber

14. BIRTHPLACE (city or town) (State or country) Balt Co Md

15. MAIDEN NAME of mother Martha Thompson

16. BIRTHPLACE (city or town) (State or country) Balt Co Md

17. INFORMANT Elsie M Jones

(Address) 736 E 30th St

18. BURIAL, CREMATION, OR REMOVAL Place London Town Date 3/12 1938

19. UNDERTAKER John Cook & Son

(Address) 1219 E Fort

FILED 19 Registrar.

MAR 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25. 1938. to March 9. 1938.

I last saw him alive on March 9. 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept. 1937
Other contributory causes of importance: Senility	----

Was an operation performed? No Date of

For what disease or injury? ----

Name of operation ----- What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Montgomery Ward M. D.

(Address) 400 E. 25th St.

14693

HEALTH DEPARTMENT—CITY OF BALTIMORE

14693

CERTIFICATE OF DEATH

V 82-a cc

Registered No. 1877

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 518 S. Ann St. 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James P. Farrington
(a) Residence: No. 518 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME James Farrington
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Bridget Ward
16. BIRTHPLACE (city or town) (State or country) Ireland
INFORMANT Mrs. Mary Cooper
(Address) 401 Fortieth St.
BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 3/11/38
UNDERTAKER John Gowan & Son.
(Address) 1901 Bolton St.
Huntington Williams Reg.

FILED
MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hour
Other contributory causes of importance: Arteria sclerosis, aortic	2 years

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 31100

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Agnes Maloney

(a) Residence: No. 2134 Annapolis Rd.-Westport St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

DATE OF BIRTH (month, day, year) 12/7/1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Gilchriest

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Hayes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 3/12/38

19. UNDERTAKER Tolson Funeral Home
(Address) 4 or 6 Eutaw Place

20. FILED ..... Registrar.

MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/38 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24 ..... 1938 to 3-9 1938

I last saw her alive on 3-8 ..... 1938 Death is said to have occurred on the date stated above, at 5:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endometrial Hyperplasia	unknown
Parametritis	one week
Broncho pneumonia	four days

Other contributory causes of importance

Was an operation performed? Yes Date of 2-28-38

For what disease or injury? Endometrial Hyperplasia

Name of operation Dilatation + Curettment Uterus

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44695 ✓ 23 F 44695

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N. Wolfe St. St., 7-4 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Walker

(a) Residence: No. 902 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Walker

DATE OF BIRTH (month, day, year) July 4 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Virginia

13. NAME OF FATHER George Walker

14. BIRTHPLACE (city or town) (State or country) Prince George Co Va.

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Laura Walker - Wife
(Address) 902 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Mar 12 1938

19. UNDERTAKER R. G. Elliott & Daughter
(Address) 1124 E. Caroline St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937 to March 8 1938

I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1937
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Physical + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

no If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St.

44696

HEALTH DEPARTMENT—CITY OF BALTIMORE 44696

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Carey St. St., 19-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie F. Layne

If U. S. Veteran specify WAR

(a) Residence: No. 506 Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin

6. DATE OF BIRTH (month, day, year) March 4, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emporia V.A.

13. NAME OF FATHER Fred Williams

14. BIRTHPLACE (city or town) (State or country) Emporia Virginia

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annabell Carter

(Address) 506 Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cavery Cem. Date Mar. 10 1938

19. UNDERTAKER: Mrs R. G. Elliott and Daughter

(Address) 1129 N. Carolina St.

MAR 10 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 16 1938 to March 7. 1938

I last saw her alive on March 7. 1938 Death is said to have occurred on the date stated above, at 8/10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atherosclerosis	
Hypertension	
Hypocardosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? reg Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Howell M. D.

(Address) 601 N Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14697 ✓ 28731 JS 14697

34-6-93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Jones

(a) Residence: No. 2051 Pennsylvania Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~Black~~ Col	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred

DATE OF BIRTH (month, day, year) 2-17-1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	0	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME James Carroll

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Eliza Clinton

13. BIRTHPLACE (city or town) (State or country) B. C. H. Records

14. INFORMANT (Address)

15. BURIAL, CREMATION, OR REMOVAL Place St Peters Cem Date 3/11 19 38

16. UNDERTAKER (Address) George E. Kelson 1313 Druid Hill Ave

Date 3/10 1938 19 Registrar. Lester Williams, M.D.

Likely

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937 to March 8, 1938

I last saw her alive on March 8, 1938 Death is said to have occurred on the date stated above, at 10:21 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Dec. 1937
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Lamotte M.D.

(Address) Baltimore City Hospitals

6698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14698

CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 W. North Ave. St. 13-3 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry E. Hildt

(a) Residence: No. 1132 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah E. Hutchins

6. DATE OF BIRTH (month, day, year) March 12, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Co
(State or country) Md

13. NAME Henry E. Hildt

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) Harford Co
(State or country) Md

17. INFORMANT Mrs. Ferdinand Benauchamp
(Address) 1132 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 3/11/38

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 10 1938 [illegible] Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938 to March 8 . 1938
I last saw him alive on March 7 . 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	7-
Other contributory causes of importance: Gangrene of left foot and leg	Feb 12

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hubert C. Knapp, M. D.

(Address) 1216 Preston St.

D. B. 1268-9

44699 F 44699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Laurens Street St. 14-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Mattie Platt

(a) Residence: No. 234 Laurens Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) Dec-23-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Conductor)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Thomas M. Platt

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Jennie H. Canavan

15. BIRTHPLACE (city or town) (State or country) Ireland

16. INFORMANT Mary R. Fairbank

(Address) 234 Laurens Street

17. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 3-11-38

18. UNDERTAKER John Ormsby & Son

(Address) 1900 Eutaw Place Balto.

19. Filed 3-12-38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5 1938 to March 9 1938

I last saw her alive on March 9 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus with partial diabetic coma	1938
Other contributory causes of importance: Hypertensive Cardio Vascular disease with terminal acute dilatation	1937

Name of operation Date of

What test confirmed diagnosis Blood & urine analysis Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44700 44700

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2914 Pinewood ave 27-7 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph J. Canty

(a) Residence: No. 2914 Pinewood ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie M. Canty

6. DATE OF BIRTH (month, day, year) April 21, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Chaser

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. silk mill

9. Date deceased last worked at this occupation (month and year) 1938

10. Total time (years) spent in this occupation 40

11. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME OF FATHER John Canty

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME OF MOTHER unknown

15. BIRTHPLACE (city or town) (State or country) Ireland

16. INFORMANT Mrs. Nellie M. Canty

(Address) 2914 Pinewood ave

17. BURIAL, CREMATION OR REMOVAL Place Morelandale Date 3/12 1938

18. UNDERTAKER Richard F. Curley

(Address) 1700 E. North ave

19. Filed 3/10 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to 3/9/1938

I last saw h alive on 3/9/1938 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (2 days)

Hypertension

Other contributory causes of importance

Cardiac Decompensation

Date of onset

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryan Feltz M. D.

(Address) 3703 East 41st

44701 ✓ F 44701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Fennick Rd St. 13-5 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon William Graves

(a) Residence: No. 1923 Fennick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) April 19, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Vernon Henry Graves

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Catherine E. Gordon

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Vernon Henry Graves (Address) 1923 Fennick Rd

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 3/11 19 38

UNDERTAKER Howard V. Bright Jr. (Address) 6914 Belair Rd.

FILED 19 Thurston Williams, M.D.

1 0 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media	

Other contributory causes of importance: Lobular Pneumonia (Secondary)

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul J. Wheeler M. D. Coroner

(Address) 1914 E. North Ave.

E 11702

702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Charles Pierpoint

If U. S. Veteran specify WAR

(a) Residence: No. 104 Shadybrook Court, Balto. Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle M. Pierpoint

DATE OF BIRTH (month, day, year) Oct. 11. 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Am. M. Pierpoint

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Melva Walker

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Isabella Pierpoint

(Address) Catonsville Md.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/2 1938

UNDERTAKER F. C. Kugler Thom Jr.

(Address) 6 Medford City, Md.

FILED 1938 Huntington Williams, M.D. Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. K. Cruden M. D.

(Address) 2752 W. Pres. Ave. Coroner

F 14703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 9-9 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR nil.

FULL NAME Jennie F. Hussel

(a) Residence: No. 1232 E Lafayette St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lida C. M. (Heller)

ATE OF BIRTH (month, day, year) 11/4/75

GE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	4	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger & Decorator
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12

IRTHPLACE (city or town) (State or country) Md-

9. NAME Charles Hussel
10. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Anna Frese
. BIRTHPLACE (city or town) (State or country) Md-

NFORMANT Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Balto. Com. Date 3/11/38

NDERTAKER George J. Puth Son
(Address) 175 Hanover Ave

ILED ..... 19..... Registrar.

38 Huntington Williams H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938 to March 9, 1938

I last saw him alive on March 8, 1938. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus Fistula	2-65
Thrombophlebitis	2-36

Other contributory causes of importance:
Anemia

Was an operation performed? yes Date of 2-25-38

For what disease or injury? Carcinoma Esophagus Gastrostomy Tuberculosis

Name of operation 1st stage Excision fistula

What test confirmed diagnosis? Operation X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas A Kimball M. D.

(Address) Phys & Surg Hopkins Hospital

F 44704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH CGK--8168

107-a

Registered No. 26-12

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Thomas McNaughton

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
93	93	2	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hack Driver

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto.

12. NAME Thomas

13. BIRTHPLACE (city or town) (State or country) I-eland

14. MAIDEN NAME Mary O'Neill

15. BIRTHPLACE (city or town) (State or country) I-eland

16. INFORMANT City Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. 3/10, 1938

18. UNDERTAKER John J. Feeley & Son
(Address) 3 S. Eutaw St.

19. FILED 3/10 1938 A. E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 7, 1938

I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-38
Other contributory causes of importance	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. de Lee Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14705

34-8-23

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals 14-2 Ward)

(If non-resident give length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

If U. S. Veteran specify WAR

FULL NAME John Chase (29821)

(a) Residence: No. 1556 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Separated

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME William (D)

12. BIRTHPLACE (city or town) (State or country) Md.

13. MAIDEN NAME Elizabeth Adams (D)

14. BIRTHPLACE (city or town) (State or country) Md.

15. INFORMANT Hospital Records
(Address)

16. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/13 1938
Eastern Ave.

17. UNDERTAKER A. Halstead Crumpton
(Address) 918

18. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938 to March 9, 1938

I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 9:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov 1937
Other contributory causes of importance: Diabetes Mellitus	1932

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, how?

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

F 11706

HEALTH DEPARTMENT—CITY OF BALTIMORE

706

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2946 Edmondson Ave St. 16-6 Ward)

th of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Elizabeth Ann Bateman

(a) Residence: No. 2946 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widow

married, widowed, or divorced HUSBAND of (or) WIFE of Peregrain G. Bateman

TE OF BIRTH (month, day, year) Oct. 3 1870

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	5 6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Joseph Henry Nagle

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Elizabeth Ann Pennington

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Miss Mabel B. Bateman

(Address) 2946 Edmondson Ave.

RIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Mar 16, 38

NDERTAKER Wm. J. Tuckerman Son

(Address) [illegible]

LED Huntington Williams, Mar

938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936, to Mar 9, 1938

I last saw h alive on Mar 9, 1938. Death is said to have occurred on the date stated above, at 6.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage.	2 wks
Other contributory causes of importance: Carcinoma of Bowel + Bladder Liver + Stomach	2 yrs

Was an operation performed? Yes. Date of Aug 20, 1936

For what disease or injury? Carcinoma

Name of operation Cauterizing.

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Holmes Eberle, M. D.

(Address) 2502 Calvert 145 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11707

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens-Caton Ave's St., Ward) 25-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ikuko Kondo Takami

If U. S. Veteran specify WAR

(a) Residence: No. 176 Washington Park St., Ward. Brooklyn, N. Y.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Mongolian	Married

If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Masahiko Takami

6. DATE OF BIRTH (month, day, year) May 3, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, N. Y.

13. NAME Ikuko Kondo

14. BIRTHPLACE (city or town) (State or country) Japan

15. MAIDEN NAME Kuo Tsuji

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT Mr. Masahiko Takami

(Address) 176 Washington Park, Brooklyn N. Y.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet

Place Brooklyn, N. Y. Date March 10 19 38

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1938 to 3-10, 1938

I last saw her alive on 3-10, 1938 Death is said to have occurred on the date stated above, at 6:57 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	1-19-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lawrence J. Shumanek M. D.

(Address) St Agnes Hospital

1938 17

✓ F 44708

1708 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt Gen. Dept. St. 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emil B Vey

If U. S. Veteran specify WAR

(a) Residence: No. 1031 W. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

DATE OF BIRTH (month, day, year) Dec. 11 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~XXX~~ 76	76	2	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore. Md.
(State or country)

13. NAME Henry P. Vey.

14. BIRTHPLACE (city or town) Germany.
(State or country)

15. MAIDEN NAME Louise Hoffman.

16. BIRTHPLACE (city or town) Germany.
(State or country)

INFORMANT Mrs. Johanna Vey
(Address) 2411 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 12, 1938

UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

FILED ... 19...
1938 Huntington Willgattis, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 10, 1938

I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure with	
Hypostatic Pulmonary edema	1938
Cystitis	Feb. 28
Cystitis	
Bronchopneumonia	Mar. 28
Other contributory causes of importance:	
Dialized Arteriosclerosis	?

No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) Milton Kerr, M. D.

(Address) 1 B-5

F 11709

11709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Holman

(a) Residence: No. 1107 N. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of)? Theresa R. Holman

DATE OF BIRTH (month, day, year) May 20 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.S.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Chas. Holman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Zang

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Theresa R. Holman

(Address) 1107 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Pleasant Date 3/12/ 1938

UNDERTAKER J. Edw. Nolan & Bro.

(Address) 1400 Harford Ave.

FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuban, M. D.
Coroner

(Address) 1717 E. North Ave

1710 F 14710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 E. Fairmount Ave Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Reinisch

If U. S. Veteran specify WAR

(a) Residence: No. 2502 E. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United Railway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motorman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Lewis Reinisch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Dora The Cracken

(Address) 120 N. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date March 11, 38

19. UNDERTAKER John J. Moran

(Address) 3000 E. Balto St.

20. FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to March 8, 1938

I last saw him alive on March 7, 1938 Death is said to have occurred on the date stated above, at 2:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Arterio Sclerosis Hypertension	
Other contributory causes of importance: Cerv. Neoplasm Hyp. Pneumonia Bronchial	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Finney M. D.

(Address) 1812 N. Broadway

1711 HEALTH DEPARTMENT—CITY OF BALTIMORE 1711

54-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mamie J. Atzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 110 W. 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced BUSBAND of (or) WIFE of John Atzel

6. DATE OF BIRTH (month, day, year) April 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbus (State or country) Pennsylvania

13. NAME William Simpson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Maria Grubb

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. George Gruner

(Address) 110 W. 25th St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Druid Park Cem. Date 3/11 1938

19. UNDERTAKER Henry H. Myers and Son

(Address) 804 N. Eutaw St.

1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25 1938 to 3-8 1938

I last saw her alive on 3-8 1938 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillomatous Mycosis - Stomach	
Other contributory causes of importance: Myocardial Failure	3-1-38

Was an operation performed? Yes Date of 3-2-38

For what disease or injury? Mycosis of Stomach

Name of operation Excision of Mycosis of Stomach

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Peter Lourenzo Jr. M. D.

(Address) Md. Gen. Hosp.

14

E 11712

1712 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 773 W Cross St.) (Ward) 21-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Susie E. Wilson

(a) Residence: No. 773 W Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23 - 1849.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jacob Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Louisa Nash

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Walter Meeks

(Address) 773 W Cross St

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 3-11 1938

UNDERTAKER Jos. Jochum & Son

(Address) 247 S Paca St

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to March 8, 1938

I last saw her alive on March 8, 1938 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/5/38

Other contributory causes (if any) of importance: Arterio-Sclerosis Cardis — 10yrs
Vascular Lesion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph N. Laukaitis M. D.

(Address) 679 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14713

Registered No. 11-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Harris Carroll

(a) Residence: No. Beachville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 21, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	2	1	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Beachville Md

1. NAME Harris Carroll

3. BIRTHPLACE (city or town) (State or country) Beachville Md

5. MAIDEN NAME Lillian Brooks

7. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mother

(Address) Beachville, Md

BURIAL, CREMATION, OR REMOVAL

Place Ridge St Mary Md Date March 11th 1938

UNDERTAKER Joseph A. Lividy

(Address) 409 W Mount street

FILED MAR 10 1938

Huntington Williamson, W Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-6- 1938 to 3-9- 1938

I last saw him alive on 3-9- 1938 Death is said to have occurred on the date stated above, at 6 60 p. m.

The principal cause of death and related causes of importance were as follows:

Influenzal meningitis

Date of onset 2-27

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos A Gelston M. D.

(Address) Sydenham Hosp.

✓ F 14714

714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-15-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 W. Rogers Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Miss Margaret Harper

(a) Residence: No. Home for the Aged of the M. E. Church Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden

DATE OF BIRTH (month, day, year) Apr. 15. 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	10	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME John Alexander Harper.

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Eliza Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Std Pond Md Date 3/11 1938

19. UNDERTAKER W. M. Cook
(Address) 1217 St Paul St

20. Huntington Williams, M. D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 4 1938 to Mch 9 1938

I last saw her alive on March 7. 1938 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	✓
Other contributory causes of importance Diabetes Chronic	✓

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George C Shannan M. D.
(Address) 700 Fulton Ave

✓ F 44715

2715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jack Johnson

(a) Residence: No. 1015 Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Cried

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Johnson -

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Entwisle

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Johnson

(Address) 1015 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 11 1938

UNDERTAKER Gaddens & Schutz

(Address) 939 Druid Hill Ave

Huntington Williams Mgr

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis (Undetermined origin)	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify,

(Signed) Paul Ahrens M. D. Coroner

(Address) 1117 E. North Ave.

Daniel S Bond

✓ F 44716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH Franklin Square Hosp. 14-2 Registered No.

CITY OF BALTIMORE: (No. ..... St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Bond, Daniel Smith

(a) Residence: No. Whitehall, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ross Bond

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary J. McDonald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elson Bond
(Address) White Hall. Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Market Date Mar 14 1938

19. UNDERTAKER P. Markline & Son
(Address) White Hall Md

20. FILED Huntington Williams Registrar
MAR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1938 to Mar 10 1938

I last saw him alive on Mar 10, 1938 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Bronchiopneumonia	
Heart disease	

Other contributory causes of importance:
Bronchitis
Senile gangrene

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, State)
Specify whether injury occurred in industry, in home or in public place ...
Manner of injury ...
Nature of injury ...

Mar 10 38 C. K. Maxwell Coroner

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan Wolf M. D.
(Address) Franklin Sq Hosp

14717 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14717

CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 McElderry St. St., 7-5 Ward)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

FULL NAME HENRY DEIBEL

(a) Residence: No. 1938 McElderry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Deibel

DATE OF BIRTH (month, day, year) Feb. 8, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. plf
8. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frederick Deibel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs. Mamie Rubenkonig
(Address) 1938 McElderry St

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 12, 1938

UNDERTAKER John Wenck
(Address) 2008 Aliceanna

FILED 3-11 1938 A. E. Williams, R.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to Mar. 9, 1938
I last saw him alive on Mar. 8, 1938 Death is said to have occurred on the date stated above, at 7.45 a. m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYpertensive cardio vascular disease, chronic parenchymatous nephritis.	May 17, 1937

Other contributory causes of importance:
- - - - -

Was an operation performed? no Date of - - -
For what disease or injury?
Name of operation - - - -
What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M.D.
(Address) 1224 1/2 Hanover St.

4718 F 44718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home St., 27-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Robert Byus

(a) Residence: No. 369 Evesham Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs Carrie F. Byus

DATE OF BIRTH (month, day, year) Sept 11 - 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
8. Date deceased last worked at this occupation (month and year) 2/15/1937
11. Total time (years) spent in this occupation 38

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME OF FATHER John W Byus

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. MAIDEN NAME OF MOTHER Mary Anderson

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. INFORMANT Chas W Byus

(Address) 369 Evesham ave

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date March 12 1938

16. UNDERTAKER John Ullrich

(Address) Govt Bureau

17. FILED March 12 1938 H. Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1938

22. I HEREBY CERTIFY, That I attended deceased from February 15 1938 to March 10 1938

I last saw him alive on March 10 1938 Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 year
Senile Prostate Hypertrophy	5 years
Bladder Calculus	5 years
Cancer Obstruction	5 years
Cystitis Chill	2 hours

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home Lab

E 44719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGR--31067 95-B

Registered No. 12-37

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James McDonald

(a) Residence: No. 2203 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 12, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

Date deceased last worked at this occupation (month and year) (1). Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

NAME Henry

BIRTHPLACE (city or town) (State or country) N.C.

MAIDEN NAME Cherry Boulden

BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place McHenry Cemet Date Mar 12 1938

UNDERTAKER Elroy O Weber
(Address) 1032 Brentwood

Filed 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 23 1938 to March 9 1938

I last saw him alive on March 9 1938. Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. A. DeSantis M. D.

(Address) Baltimore City Hospitals

14720 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14720

CERTIFICATE OF DEATH ✓23

Registered No. 12-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Oak St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Elliot Banks

(a) Residence: No. 2440 Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Banks

6. DATE OF BIRTH (month, day, year) April 11-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0086

10. Date deceased last worked at this occupation (month and year) 11/2 yrs ago. 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Southampton Co VA.

13. NAME Green Banks.

14. BIRTHPLACE (city or town) (State or country) Southampton Co Va

15. MAIDEN NAME Winnie Jemerson

16. BIRTHPLACE (city or town) (State or country) Southampton Co Va

INFORMANT Essie Banks

(Address) 2440 Oak St

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date 3-11-38 19

UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED 19 Registrar

MAR 11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938 to March 8, 1938

I last saw h— alive on March 6, 1938. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	???

Other contributory causes of importance None

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright M. D.

(Address) 120 Physician

11721 A Co. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44721

CERTIFICATE OF DEATH

v 59

REGISTERED NO. 11721

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 W. Lanvale St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Frances Butler

(a) RESIDENCE NO. 624 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

X 19

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Graham Butler

6 DATE OF BIRTH (month, day, and year) 6-28-38

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	57	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of indostry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER John Drake

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John G. Butler

(Address) 624 W. Lanvale St

15 Filed . 19 Limitation-Without Letter

11 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-38

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to Mar 8, 1938, that I last saw h.es alive on Mar 8, 1938 and that death occurred, on the date stated above, at 8.40 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus + Influenza

Exhaustion (duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H. E. Kreiger, M. D.

3/9, 1938 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem. Park

Date of Burial 3-11 1938

20 UNDERTAKER Mrs George H. Holland

ADDRESS 1637 Druid Hill Ave

F 14722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14722 35a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward) 8

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Mattie Campbell WILSON

(a) Residence: No. 5209 Denmore Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wilson

DATE OF BIRTH (month, day, year) 9-13-02

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	5	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME John Campbell

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Bessie Lewis

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date 3-12-38 19

UNDERTAKER Mrs. George N. Holland
(Address) 1631 Druid Hill Ave

FILED 19 Registrar

1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1938 to 3-8 1938

I last saw her alive on 3-8 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro ovarian abscesses	unknown
Rheumatic fever	unknown

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard M. D.

(Address) Balto City Hosp

14723 HEALTH DEPARTMENT—CITY OF BALTIMORE 14723

CERTIFICATE OF DEATH

93-e

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs. Mary H. Arnold

If U. S. Veteran specify WAR

(a) Residence: No. 511 Nottingham Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Arnold

DATE OF BIRTH (month, day, year) Oct. 6, 1894.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

3. NAME Charles W. Harvey

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME Conley

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT William S. Arnold
(Address) 511 Nottingham Road

BURIAL, CREMATION, OR REMOVAL
Place Western Date March 14, 38

UNDERTAKER Harry Deutsche
(Address) 4161 Edmondson Ave.

FILED 19 Registrar

Remington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/8/38, 19.., to March 10, 1938

I last saw her alive on March 10, 1938. Death is said to have occurred on the date stated above, at 2.55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2/8/38
Other contributory causes of importance:	
Auricular Fibrillation	2/8/38
Cardiac Decompensation	2/8/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) E. L. Johnston Jr. M. D.

(Address) Md. General Hospital

F 14724

14724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √165

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 1 S. Broadway St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Newbunger

(a) Residence: No. 1 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Hannah Newbunger

7. DATE OF BIRTH (month, day, year) 3/1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) Prior to 30 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Hyman Newbunger

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of Mother Esther Kappenyard

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT H. H. Colken

(Address) 1 S. Broadway

BURIAL, CREMATION, OR REMOVAL

Date 3/11/38

UNDERTAKER Wm. Lemmon & Sons

(Address) 1432 E. Baltimore St.

FILED R 1 1938 Huntingdon Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture and dislocation of Cervical Vertebrae	March 11-38

Other contributory causes of importance: Melancholia - Senile Months

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury March 11 1938

Where did injury occur? 1 S. Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging

Nature of injury Fracture & dislocation cervical

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Lloyd, M. D. Coroner

(Address) 171 W. Lexington St.

4725 E 14725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt. Gen. Hosp. St., 13-1 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Evelyn Zalis

(a) Residence: No. 2122 Park ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 3, 1914

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Jacob Zalis

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca Freidfeld

16. BIRTHPLACE (city or town) (State or country) Russia.

INFORMANT Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 3-11 1938

UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto st

FILED ..... 19 ..... Registrar.

11 1938 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-38 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 38 to March 11 1938

I last saw h.. alive on March 10 1938 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

Acute Leukemia — Date of onset Dec 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Klumpp M. D.

(Address) W 13 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1726 — 24-1 F 11726

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Hanburst St., 107-a Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Laurence John Sidlowski

(a) Residence: No. 1302 Hanburst St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Edowenshine Sidlowski

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

15. MAIDEN NAME Mari Gotlinghost

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mrs E Sidlowski
(Address) 1302 Hanburst St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Mar 11 1938

19. UNDERTAKER Fred A Krause & Son
(Address) 216 E Chase St

FILED ..... 19 ..... Registrar.

MAR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 10, 1938

I last saw him alive on March 10, 1938 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-5-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Rolland M. D.

(Address) 707 E. Fort Ave

4727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1625 E. Madisow St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Holland

(a) Residence: No. 1625 E. Madisow St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles Holland.

6. DATE OF BIRTH (month, day, year) November 26, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME George W. Payne

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha Steyart

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ella Richard

(Address) 1625 E. Madisow St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/11/38

19. UNDERTAKER Robert H. Young

(Address) 804 N. Caroline St.

20. FILED 3/11/1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to March 8 1938

I last saw h.e alive on March 7 1938. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Jan 1938
Other contributory causes of importance:	
Lobar-Staten Pneumonia	March 6, 1938
Pulmonary Tuberculosis	Jan 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph J. Young M. D.

(Address) 1429 E. Monument St.

✓ F 14728

14728

HEALTH DEPARTMENT—CITY OF BALTIMORE

106a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. North Ave St. 14-3 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Henry E. Hardesty

(a) Residence: No. 1311 N. North Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Stubbs

DATE OF BIRTH (month, day, year) Mch 24, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Carpenter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40 yrs

9. BIRTHPLACE (city or town) (State or country) Germany.

10. NAME Not known

11. BIRTHPLACE (city or town) (State or country) Unk.

12. MAIDEN NAME Not known

13. BIRTHPLACE (city or town) (State or country) Unk

14. INFORMANT Mrs. Mgt. Rehmeyer 1311 N. North Ave

(Address)

15. BURIAL, CREMATION, OR REMOVAL Place Laraine (Cem.) Date March 11, 1938

16. UNDERTAKER Inane Eyler (Address) 1600 N. North Ave

Filed 1938 Registrar. Washington Williams, N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 22, 1938 to Mch. 8, 1938

I last saw him alive on Mch 7, 1938 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	2 yrs
Hardening of arteries	
Other contributory causes of importance: Failing heart.	2 hrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. A. Smith M. D.

(Address) 1600 N. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a 44729

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Misiora.

(a) Residence: No. 2 N. Linwood Ave. St., 6-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) April 20, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Misiora.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Lillian Szcupinska.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Lillian Misiora.(mother)

(Address) 2 N. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park 9 Mar 12 SP

UNDERTAKER J. J. Brzozdzinski

(Address) 3110 Elliott St.

Huntington Williams, Reg.

APR 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938, 19

22. I HEREBY CERTIFY, That I last saw the deceased alive on autopsy & inquiry and that said decreased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

autopsy & inquiry

(Inquest, Autopsy or Inquiry)

ner

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
Toxic Encephalitis.	
unknown.	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Hospital autopsy. Date of

What test confirmed diagnosis, inquiry. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto Reinhardt, M. D. Coroner

3/10/38 Address 1017 S. Charles St.

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

14730 CERTIFICATE OF DEATH 94B F 14730

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 332 N. Milton St., 20 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S.? If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME Maurice Roosevelt Hooper Sr.
(a) Residence: No. 332 N. Milton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Hooper

DATE OF BIRTH (month, day, year) Aug. 31, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superior Court.
10. Date deceased last worked at this occupation (month, day, year) Mar. 9, 1938 11. Total time (years) spent in this occupation
BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME of Father James Hooper Balto. Md.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME of Mother Mary Vernelson
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
INFORMANT (Address) Mrs Edna Magee 505 Lemmon St.
BURIAL, CREMATION, OR REMOVAL Date Mar. 12 38
Place Western Cem.
UNDERTAKER (Address) Wm. Fickus Sons Rock & Pr aves.
Harrington Williams, N.C.
MAR 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Inquiry) thereon and from the evidence (or that said deceased came to death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Mar 9.

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Marcus J. Hanna M. D.
(Address) 18 W. Baltimore St.

44731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157 c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph's Hospital St. 29-1 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Boy O'Donnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 3104 Parkside Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. 27, 1938

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Edwin Gilbert O'Donnell

BIRTHPLACE (city or town) Allentown
(State or country) Pennsylvania

MAIDEN NAME Clara J. Kaiser

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT Edwin G. O'Donnell
(Address) 3104 Parkside Drive

RIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/11 38

NDERTAKER Francis J. Tredsell
(Address) 201 E 22 St

LED 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938 to March 10, 1938

I last saw him alive on March 10, 1938. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Lesion	2/27/38
Other contributory causes of importance: Dehydration	2/27/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert E. Kuhman M. D.

(Address) St. Joseph's Hospital

F 44732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith St., 11-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Sr. M. Edna Roessner

(a) Residence: No. Convent of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 7, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious
8. Date deceased last worked at this occupation (month and year) 1068
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) New York

13. NAME John Roessner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Reitmeisner

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Sr. of Notre Dame
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cliff Date Mar 12 1938

19. UNDERTAKER Geo M. Frick & Son
(Address) 61 N Fulton Ave

20. Filed 1938 Herrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 10, 1938.

I last saw h er alive on March 9, 1938 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute fibrinous pleuro-pericarditis	3/6/38
Other contributory causes of importance: Hypostatic Pneumonia	3/9/38

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) William L. Grayble M. D.

(Address) 10 E. Read St

✓ F 14733

14733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 901 Aisquith St., 10-2 Ward)

gth of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

FULL NAME Sr. Anna Laurence Baetz

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Oct. 17, 1877

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious life

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Baltimore Md.

3. NAME John Baetz

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Louise Bauer

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Sr. of Notre Dame
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Mar 12 1938

NDERTAKER Geo M. Fenwick Son
(Address) 511 N Eutaw St

FILED 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to March 10 1938

I last saw her alive on March 8 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Ruptured aneurysm of the left Subclavian Artery communicating Artery — Date of onset 3/1/38

Other contributory causes of importance: Arterio Sclerosis, general and Cerebral

Was an operation performed? autopsy Date of yes 3/10/38.

For what disease or injury? Intracranial hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William R Grayley M. D.

(Address) 10 E. Read St.

F 44734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Louise E. Martin

(a) Residence: No. 107 York Rd. Towson Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Martin.

DATE OF BIRTH (month, day, year) Feb 2, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Enoch Day. Md.

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Elizabeth Williams Md.

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT George F. Martin.
(Address) 107 York Rd. Towson

17. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Mar 14, 1938

18. UNDERTAKER Thurnau & Son.
(Address) 3615-17 Chestnut Ave.

19. FILED Mar 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1938.

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1938 to 3-10, 1938

I last saw her alive on 3-10, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Bilateral)	
Acute Pancreatitis	(?)
Nephritis	
Other contributory causes of importance: Chronic Insomnia	(?)
Dehydration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. E. Williams M. D.

(Address) University Hospital

F 14735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

35

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah L. Easton

If U. S. Veteran specify WAR

(a) Residence: No. 2800 Huntington Ave St., 12-7 Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Johnzee Easton

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	72			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME Mr. Levi Smith md

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME Miss Lindy ? md

13. BIRTHPLACE (city or town) (State or country)

14. INFORMANT John O'Malley. (Address) 2800 Huntington Ave

15. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date March 12, 1938

16. UNDERTAKER Ehrenworth Son (Address) 3915-17 Chestnut Ave

17. FILED 1938 Huntington Williams, Regr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 10, 1938.

I last saw her alive on March 10, 1938. Death is said to have occurred on the date stated above, at 2:57A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Acute Pulmonary Edema	3-5-38
Acute Myocarditis	3-5-38
Other contributory causes of importance:	
Azotemia	3-6-38
Cerebral Hemorrhage, left	3-7-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Ivy, M. D.

(Address) Union Memorial Hospital.

E 14736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Hadley St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Howard Wearer

(a) Residence: No. 3208 Hadley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 13, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	25	

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Builder

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

5. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

6. BIRTHPLACE (city or town) Balt
(State or country) Md

7. NAME John Wearer

8. BIRTHPLACE (city or town) Balt
(State or country) Md

9. MAIDEN NAME Hester Canby

10. BIRTHPLACE (city or town) N. J.
(State or country)

11. INFORMANT Oscar H. Wearer
(Address) 3208 Hadley

12. BURIAL, CREMATION, OR REMOVAL
Place Sandy Run Date 3/10/38

13. UNDERTAKER Leonard Hurst & Sons
(Address) 2501 Maryland Ave

Filed 3/11 1938 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/38

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938 to March 7, 1938

I last saw h[illegible] alive on March 7, 1938 Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 2/5/38

Other contributory causes of importance:

Acute Bronchitis — 2/28/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Albert G. Spurrier M. D.

(Address) 1613 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11737

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 9-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

FULL NAME Boy Girl Wright #2

(a) Residence: No. 1570 E 33rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME Eva Willis Boyce

BIRTHPLACE (city or town) (State or country) Howard Co Md

MAIDEN NAME Annie E. Boyer

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Father

(Address) 1570 E 33rd

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 11, 1938

UNDERTAKER Sander & Son, Inc. Geo. J. Sander

(Address) Broadway & Baltimore St.

FILED ..... 19..... Registrar .....

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 11, 1938.

I last saw he alive on March 11, 1938. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Gilbert E. Rudisan M. D.

(Address) St Josephs Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10998 JS

Registered No. 11738

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Mallory

(a) Residence: No. 1037 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-20-1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... odd

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

9. Date deceased last worked at this occupation (month and year) .....

10. Total time (years) spent in this occupation .....

11. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME OF FATHER Charles Sye

13. BIRTHPLACE (city or town) (State or country) ?

14. MAIDEN NAME OF MOTHER Lillian Mallory

15. BIRTHPLACE (city or town) (State or country) Va.

16. INFORMANT B. C. H. Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAR 11 1938
Commissioner of Health
Per H. A. Moore

18. UNDERTAKER .....
(Address) .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938 to march 1, 1938

I last saw h IM alive on mar 1, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation fluoroscope

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) IRVIN M. FRADKIN, M. D.

(Address) Baltimore City Hosp

Huntington Nitkey, M.D.

3871

F 44739

44739

40 291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 66-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-2 St., Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Virginia Elizabeth Brown

(a) Residence: No. Independence St., Ward. Grayson Co. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of 6/19/1904

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va

10. NAME Samuel Brown

11. BIRTHPLACE (city or town) (State or country) Va.

12. MAIDEN NAME Monnie Osborne

13. BIRTHPLACE (city or town) (State or country) Va.

14. INFORMANT Records.
(Address)

15. BURIAL, CREMATION, OR REMOVAL Burial

Place Lindsey Funeral Home Date May 11 1938

16. UNDERTAKER C. W. Wright
(Address) Independence Va.

17. FILED May 11 1938 H. Vaughn Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to March 8, 1938

I last saw her alive on March 8, 1938. Death is said to have occurred on the date stated above, at 7.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	
Hyperthyroid Heart Disease	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of March 8, 1938

For what disease or injury? Exophthalmic Goitre

Name of operation Double Partial Tuberectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas N. Brim M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. 11710

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 11-3 Ward)

gth of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Frank Smith

(a) Residence: No. 217 W Monument St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 9-8-75

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

9. NAME Benjamin Smyth

10. BIRTHPLACE (city or town) (State or country) W. Virginia

12. MAIDEN NAME Mary Evans

13. BIRTHPLACE (city or town) (State or country) W. Virginia

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date March 12 1938

UNDERTAKER Geo. E. Jenkins Co Inc

(Address) Belair & Pac Baltimore

FILED ... 19 ... Registrar.

MAR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1938 to Mar. 10, 1938

I last saw h[illegible] alive on Mar. 10, 1938 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating Carcinoma of Bladder	1936?
Hydronephrotic atrophy of right kidney	1937
Uraemia	Jan. 1938
Other contributory causes of importance: Memory Tract Infection	?

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Carl E. Burkland M. D.

(Address) Johns Hopkins Hospital

F 11711

1741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 174

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Crocker

(a) Residence: No. 509 S. Green St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1938

UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED 19 Registrar

1938 3873

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Neck	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Homicide Date of injury March 5, 1938, 19...

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed with small Kitchen knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. K. Ellis, M. D. Coroner

(Address) 2757 W. Mon

E 11742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

742 ✓ 23

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Marshall St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vincent J. McNamee

If U. S. Veteran specify WAR

(a) Residence: No. 1508 Marshall St., Ward. Died 3/10/38 2.45 PM

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2/1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George M. McNamee

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ann E. Tighe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ann E. McNamee

(Address) 1508 Marshall St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 14 1938

19. UNDERTAKER A. Bernard Evans

(Address) 1400 Pennsylvania Ave

19. FILED March 14 1938 Huntington Wilkinson Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 38

22. I HEREBY CERTIFY, That I attended deceased from 9-6 1938, to 9-10 1938

I last saw him alive on 9-10 1938. Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Br. Pulmonary Tuberculosis	1/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Loretta Tobin M. D.

(Address) 1026 Fontaine

H

F 44743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. St. 18 3 Ward)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Waskis. Jr.

(a) Residence: No. 894 W. Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 24. 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md

10. NAME Walter Waskis.

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. MAIDEN NAME Anna Nimirowski

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

INFORMANT Mrs Anna Nimirowski
(Address) 894. W. Lombard St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 12 1938

UNDERTAKER John A. Greblisuckas, Jr
(Address) 423 S. Paca St

1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-10-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1-38 . 19 . to 3-10-38 . 19

I last saw him alive on 3-10-38 . 19 Death is said to have occurred on the date stated above, at 5-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media Mastoiditis	2 months 1 "
Other contributory causes of importance: Diarrhea	2 days

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan Wood . M. D.

(Address) Franklin Sq Hospital

F 14744

H1902 V 46-C

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14744

PLACE OF DEATH JOHNS HOPKINS HOSPITAL S 27-14 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(Birth of residence in city or town where death occurred) 40

If U. S. Veteran specify WAR

FULL NAME Bessie Campbell Hill

(a) Residence: No. 4703 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Hill

DATE OF BIRTH (month, day, year) 6-6-74

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tennessee

2. NAME David Campbell

3. BIRTHPLACE (city or town) (State or country) Maryland

4. MAIDEN NAME Elizabeth Harrow

5. BIRTHPLACE (city or town) (State or country) Mississippi

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place London Park Date March 12 19 38

UNDERTAKER John Armistead Sons

(Address) 1700 Eutaw Place

FILED Huntington Williams

38 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1938 to 3-10 1938

I last saw her alive on 3-10 1938 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Coecum — Date of onset Aug. 1937

Nutritional Oedema

Other contributory causes of importance:

Partial intestinal obstruction

Was an operation performed? Yes Date of Aug 1937

For what disease or injury? Carcinoma coecum

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sanford Sammy M. D.

(Address) Johns Hopkins Hosp

1 Hannah D. Irvin

745 HEALTH DEPARTMENT—CITY OF BALTIMORE 1745

CERTIFICATE OF DEATH V186a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 11-3 Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Hannah E. Irvin

(a) Residence: No. 1 Mansion Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Irvin

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME OF FATHER John Lewis

14. BIRTHPLACE (city or town) (State or country) Hanover Va.

15. MAIDEN NAME OF MOTHER Elizabeth Pollard

16. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

INFORMANT Mrs. H. E. Irvin

(Address) 1 Mansion Park

BURIAL, CREMATION, OR REMOVAL

Place Stablemill Md. Date Mar 14 1938

UNDERTAKER P. Markelmire & Son

(Address) White Hall. Md.

FILED 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 3 1938

Where did injury occur? Mansion Park St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell over lantern in kitchen floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 216 Hanover St.

838

F 14746

14746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Linwood Hill

(a) Residence: No. 817 W. Saratoga St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 6, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Leon Hill

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Rose Span

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT Rose Hill

(Address) 817 W. Saratoga St.

BURIAL, CREMATION, OR REMOVAL Date 3/12 38

Place Mt Calvary

UNDERTAKER Williams & Jackson

(Address) 716 Penna Ave

FILED 3-13-38 Thurlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions (UnKnown Origen,	
Cereral Edema	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. L. Claiborne M. D.

Coroner

(Address) 2757 W. Pratt St.

E 11747

HEALTH DEPARTMENT—CITY OF BALTIMORE

1747

CERTIFICATE OF DEATH

183

Registered No. 1572

1. PLACE OF DEATH Baltimore Harbor

CITY OF BALTIMORE: (No. Foot of Exeter St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Richards

(a) Residence: No. 743 S. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Richards

7. DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6096

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annemundel Co. (State or country) Md

13. NAME Benjamin Richards

14. BIRTHPLACE (city or town) Annemundy Co. (State or country) Md

15. MAIDEN NAME Juanita Kelly

16. BIRTHPLACE (city or town) Annemundy Co. (State or country) Md

INFORMANT Lenora Richards

(Address) Pasadena Anne Md

BURIAL, CREMATION, OR REMOVAL Cremation Date 3/12 193[illegible]

Place Wm. Oliver Comty

UNDERTAKER William A Fuchs & Co Funeral

(Address)

FILED 3/13/38

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 19[illegible]

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned.	
Body recovered by Police Asst. Capt. Harry Pontier	

Other contributory causes of importance: Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 8, 19[illegible]

Where did injury occur? Bath Harbor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore Ferry Co. Foot of Exeter St.

Manner of injury Was Drowned

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Wood St.

F 11718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 East 30th St. 5-2 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Joseph Ringard

(a) Residence: No. 1115 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or HUSBAND of) Anna M. Ringard

7. DATE OF BIRTH (month, day, year) Sept. 27 1871

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	4 12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 6009

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Charles A. Ringard

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME OF MOTHER Anna F. Mattingly

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Anna M. Ringard

(Address) 1115 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore County Date March 14 1938

19. UNDERTAKER Henry Hoecker Sons, Inc.

(Address) 1301 E. Eager St.

FILED 1938 Wilmington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1938 to Mar. 11, 1938

I last saw him alive on Mar. 10, 1938 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lloyd E. Saylor M. D.

(Address) 3902½ Greenmount Ave.

F 44749

44749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

958

Registered No. 163

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1012 N. Gilmor St., Ward)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Coates
If U. S. Veteran specify WAR

(a) Residence: No. 1012 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary L. Coates

6. DATE OF BIRTH (month, day, year) Feb. 26-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.
10. Date decedent left this occupation (month, day, year) Retired
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Lloyd Coates
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME not stated
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT George G. Williams (Grandson) (Address) 1012 N. Gilmor St.
18. BURIAL, CREMATION, OR REMOVAL Carroll Co.
Place Bark Hill Md. Date 3-13-38
19. UNDERTAKER John M. Johnson (Address) 1700 Eutaw Place
20. Filed 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-5-1937 to 3-10-1938
I last saw h in alive on 3-9-1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	
Other contributory causes of importance:	—

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Wm. Carnes M. D.
(Address) 611 N. Carey St

F 44750

4750 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93c

CERTIFICATE OF DEATH

Registered No. 19-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1518 Hollins St. St., Ward)

ngth of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

. FULL NAME William G. Richardson

(a) Residence: No. 1518 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of late Emma W. Richardson

ATE OF BIRTH (month, day, year) Oct. 27th. 1854

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	13	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Instructor d

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Polytechnic

. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va.

3. NAME George W. Richardson

4. BIRTHPLACE (city or town) (State or country) Va.

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) Unknown (State or country) Unknown

NFORMANT Mr. William G. Richardson Jr.

(Address) 1717 E 31st. St.

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar. 12th. 1938

UNDERTAKER Geo. L. Boyce Son

(Address) 1518 Hollins St.

FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/1938

22. I HEREBY CERTIFY, That I attended deceased from 1937 to March 10 1938

I last saw him alive on March 10 1938. Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hyp per tension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W H Moody M. D.

(Address) 1402 Park ave

1751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 McCulloh St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William DeCoursey

(a) Residence: No. 2230 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced WIFE of Matilda

DATE OF BIRTH (month, day, year) Aug 15- 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Easton Md

12. NAME William DeCoursey

13. BIRTHPLACE (city or town) (State or country) Easton Md

15. MAIDEN NAME Ada Sayes

16. BIRTHPLACE (city or town) (State or country) Easton Md

INFORMANT Matilda DeCoursey

(Address) 2230 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 3/12 1938

UNDERTAKER Chas Cooper

(Address) 514 N. Calhoun St.

FILED 19

Registrar.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	3/9/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. S. Allen Coroner, M. D.

(Address) 5 S. Eutaw St

F 14752

HEALTH DEPARTMENT—CITY OF BALTIMORE

14752 X 341

CERTIFICATE OF DEATH

PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 42-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR S.A.W.

FULL NAME John Lampsan

(a) Residence: No. ..... St., ... Ward. Rock Hall, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) Jan. 14, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
8. Date deceased last worked at this occupation (month and year) September 1937
11. Total time (years) spent in this occupation --

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME Conrad Lampsan

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. MAIDEN NAME Albertina ?

13. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

14. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

15. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date March 12 1938

16. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St.

FILED ..... 19 ..... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 . 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8 . 1938 to March 10 . 1938
I last saw him alive on March 10 . 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis tertiary, cardiovascular	1927
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) K. K. Bryant . M. D.
(Address) U. S. Marine Hospital, Balto. Md.

MM/E

14

E 11753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11753 × 82B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. [illegible] Ward) 38-1

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

If U. S. Veteran specify WAR

FULL NAME Dexter Mooney Featherstone

(a) Residence: No. [illegible] Mary-on Pendon — St., ... Ward. Hamburgh, New York (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) November 19, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegram — 0065

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) New York

10. NAME OF FATHER John Featherstone

11. BIRTHPLACE (city or town) (State or country) not known

12. MAIDEN NAME OF MOTHER Mary — ?

13. BIRTHPLACE (city or town) (State or country) not known

14. INFORMANT Mrs Joe Reeds (Address)

15. BURIAL, CREMATION, OR REMOVAL. Place Hamburgh N.Y. Date May 14 1938

16. UNDERTAKER Deceased to Hamburgh. (Address)

17. FILED ..... 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 34 to March 11, 1938.

I last saw h.. alive on March 11, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteric sclerosis	?
senile demented	10 yrs.
Other contributory causes of importance:	
Left cerebral thrombi	3 days.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none findings

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Duncan P. Hagga M. D.

(Address) 336 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11751 — 92a — F 11751 8c

Registered No. 872

1. PLACE OF DEATH: Bucks. City Hospital
CITY OF BALTIMORE: (No.) Bay View St., 1 E 1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME: Alexander Kwiatkowski

(a) Residence: No. 808 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color of Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Kwiatkowski

DATE OF BIRTH (month, day, year): Dec. 3 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 084
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Poland

13. NAME: John Kwiatkowski

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Pearl Bortosowicz

16. BIRTHPLACE (city or town) (State or country):

INFORMANT: Mary Kwiatkowski
(Address) 808 N. Robinson St.

BURIAL, CREMATION, OR REMOVAL: grave
Place: Sacred Heart of Jesus Date: 3/14 19 38

UNDERTAKER: J. J. Finda & Son
(Address) 2211 Huntington Ave

MAR 12 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, Endocarditis	14 Months
	Some

Other contributory causes of importance: Tonsilitis Chronic, Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E. Wood, M. D.
Coroner

(Address) 1112 N. Broadway

F 11755

4755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165 CC

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St. 2 Ward 23

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore Petroff

(a) Residence: No. 164 Thames St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Petroff

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&D

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Serbia Serbia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Serbia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Helen Petroff Wife

(Address) 164 Thames St.

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date March 14 1938

UNDERTAKER Fred W. Ozazewski

(Address) 1900 Eastern Ave

FILED MAR 12 1938 Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days
Other contributory causes of importance: Injury to head	1 day
Alcoholic Psychosis	Chronic

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 1938

Where did injury occur? 624 Thames St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging

Nature of injury Injury to brain Internal

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 E. Pond St

75607 F 44756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-159

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos 27 ds. How long in U. S. If of foreign birth? ..... yrs ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Coosenberry

(a) Residence: No. Stemmers Run P.O. St., Back River Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-7-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Bertha Coosenberry

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 14 1938

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

FILED 1938

Huntington Williams, M.D.

38 4th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to March 6, 1938

I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 5.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1938
Congenital Syphilis	1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H. Haviland, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14757 ✓ 107-01 14757

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5251 Nelson Ave St., 27-18 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Karl H. Ackermann

(a) Residence: No. 5251 Nelson Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ottilia L. Ackermann

DATE OF BIRTH (month, day, year) May 11, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dining Car Steward

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Germany

8. NAME August Ackermann

9. BIRTHPLACE (city or town) (State or country) Germany

10. MAIDEN NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Ottilia L Ackermann
(Address) 5251 Nelson ave.

BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar. 17 38

UNDERTAKER Wm Wickner Sons
(Address) North & Pa ave.

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 9th 1938 to Mch 12 1938

I last saw h[illegible] alive on Mch 12th 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3-5-38

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Phys. Chem. & Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No ... If so, specify ...

(Signed) C. B. Emor, M. D.

(Address) 4936 Park Heights ave

F. 11758

11758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 N. Bentalou St., 16-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Kries

(a) Residence: No. 1300 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of August J. Kries

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Patrick Gallagher

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Henry A. Buhrman

(Address) 1300 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 12, 1938

19. UNDERTAKER Frank E. Byers

(Address) 1600 N. Carey St.

20. FILED ... 19... Registrar

Mar 11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to March 10, 1938.

I last saw her alive on March 10, 1938. Death is said to have occurred on the date stated above, at 12-20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerotic Cardio-renal Vascular disease	?
Other contributory causes of importance: La Grippe	2/8/38
Senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. C. MacLaughlin, M. D.

(Address) 400 N. Payson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14759 V 82 F 14759

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3630 Elm Ave St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Stinchcomb

If U. S. Veteran specify WAR

(a) Residence: No. 3630 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed or divorced HUSBAND of (or) WIFE of Lewis A. Stinchcomb

DATE OF BIRTH (month, day, year) Feb 4, 1862.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Abraham Van Pelt

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT (Address) Laurence Stinchcomb 3630 Elm Ave

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date March 14, 1938

UNDERTAKER Chenoweth Son. (Address) 3615-17 Belmont Ave.

FILED Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1938 to March 11, 1938

I last saw h[illegible] alive on March 11, 1938 Death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	Feb 27-38
Other contributory causes of importance: Hypertension	1925

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davies. M. D.

(Address) 800 W 33rd St.

MAR 12 1938

Fr. Lillard - Falls Road

14760 HEALTH DEPARTMENT—CITY OF BALTIMORE 14760

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 W. Cold Spring Lane, Ward 15

Length of residence in city or town where death occurred: 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Hampton L. Watson

(a) Residence: No. 1215 W. Cold Spring Lane, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie O. Watson.

DATE OF BIRTH (month, day, year) Feb 15, 1880

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58		26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year) 10 30

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) md

10. NAME Harrison Watson.

11. BIRTHPLACE (city or town) (State or country) md

12. MAIDEN NAME Mary Neuman.

13. BIRTHPLACE (city or town) (State or country) md

INFORMANT Annie O. Watson.
(Address) 1215 W. Cold Spring Lane.

BURIAL, CREMATION, OR REMOVAL
Place St. Marys March 16, 1938

UNDERTAKER Chenoweth & Son
Address 6 Instmt Ave
Huntington Williams, Mgr.

FILED MAR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1938 to Mar 11th 1938

I last saw him alive on Mar 11th 1938 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Duration 7 days

Other contributory causes of importance:

Same.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings & Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. G. Lillard, M. D.

(Address) 26 (or 5) Falls Rd. Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44761 ✓ 23 F 44761

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Division St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Simms Bailey Sidney

If U. S. Veteran specify WAR

(a) Residence: No. 2124 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	ed	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Sidney

DATE OF BIRTH (month, day, year) 3/25/1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

12. NAME Wm M Bailey

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Martha Chandler

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Arthur Sidney

(Address) 2124 Division St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 3/13 19 38

UNDERTAKER Thomas E. Nelson

(Address) 1303 Pressman St

Filed 3/13 19 38 H. Easton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/25 1937 to 3/10 1938

I last saw h... alive on 3/10 1938. Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Elmer Klotz, M. D.

(Address) 1134 Dolphin St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14762

CERTIFICATE OF DEATH

3/13 F 14762

PLACE OF DEATH University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 1703 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 808 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	cd	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

DATE OF BIRTH (month, day, year) Nov. 3, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Julia Taylor (Address) 808 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date 3/13 38

UNDERTAKER Thomas E. Nelson (Address) 1303 Presstman St

FILED MAR 12 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 10, 1938

I last saw him alive on March. 10, 1938 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arterio-sclerotic C.V. disease	3 Weeks
Uremia	?
Other contributory causes of importance: Hemiplegia.	10 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis E. Dickey, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14763 — 160-B — F 14763

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8B-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Jackson

(a) Residence: No. 1105 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 7, 1938

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (born)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Frances Jackson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Louise Vessel

16. BIRTHPLACE (city or town) (State or country) Mississippi

INFORMANT Louise Jackson

(Address) 1105 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL Date 3/14 38

Place Arbutus 19

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

MAR 12 1938 19 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7 1938 to March 9 1938

I last saw her alive on March 7 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage

Date of onset Mar. 7.

Other contributory causes of importance:

Mid forceps delivery

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adolf ..... M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11764 X√82 F 11764

11764

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) St. 14 Ward 2

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Georgia Welling

If U. S. Veteran specify WAR

(a) Residence: No. 8 Robert Ave St., Catonsville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur Welling

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Howard Co Md

10. NAME OF FATHER George Trusty

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME OF MOTHER Nellie Pulch

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Arthur Welling (Address) 8 Robert Ave

15. BURIAL, CREMATION, OR REMOVAL Place Western Store Date Mar 14, 1938

16. UNDERTAKER Mrs Katie R. Williams (Address) 322 S Schroeder St

FILED 12 1938 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3, 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2, 19, 1938 to 3, 9, 1938

I last saw her alive on 3, 9, 1938 Death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2, 18, 38

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 048 Marlen Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

14765

CERTIFICATE OF DEATH

30688 B 14765

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME William Howard

(a) Residence: No. 915 Pierce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Linda

7. DATE OF BIRTH (month, day, year) ?

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 ?			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cook

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Dennis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Phylis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 12, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 320 N Schroeder St

20. FILED [illegible] for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1938, to March 9, 1938

I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-9-38

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanctis, M. D.

(Address) Baltimore City Hospitals

...9-36—A. & Co.—250 Blks

F 44766

766 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1113 S. Carey St (St.) 21-2 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary J. Wheeler

(a) RESIDENCE NO. 1113 S Carey St (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm J. Wheeler

6. DATE OF BIRTH (month, day, and year) Nov. 17-85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ireland

10. NAME OF FATHER Patrick Walsh

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12. MAIDEN NAME OF MOTHER Anne Costello

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Wm J. Wheeler Jr
(Address) 1113 S Carey St

3/12 1938 Huntington Wallace, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar. 11, 1938

17.
I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to Mar 11, 1938
that I last saw her alive on Mar 10, 1938
and that death occurred, on the date stated above, at 1:20 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach & Metastases
(duration) yrs. 8 mos. 23 ds.

CONTRIBUTORY (Secondary)
Pulmonary Oedema
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X-Ray & Physical Exam
(Signed) James F. Hartigan M.D.
(Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem
DATE OF BURIAL 3/14 1938
UNDERTAKER John J Cowan & Son
ADDRESS 941 Holland

F 11767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 Glenester ave St.) 7-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

FULL NAME William Morris Warren

If U.S. Veteran specify WAR .....

(a) Residence: No. 334 Glenester ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Rhynhart

6. DATE OF BIRTH (month, day, year) Jan. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	10 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer (Retired 30)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Scotland England

13. NAME Edward Warren

14. BIRTHPLACE (city or town) (State or country) Scotland England

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Son Mr. Wm. C. Warren

(Address) 804 Cata ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 15 1938

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED Mar 15 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1938, to March 10, 1938.

I last saw h[illegible] alive on March 10, 1938. Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 3/10/38

Other contributory causes of importance:

Angina Pectoris

Hypostatic Pneumonia

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lyman Abbott, M. D.

(Address) 3934 Greenmount ave

F 11768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31408 (13) 46-B

11768

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James DeBaufre

(a) Residence: No. 1016 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) 7/21/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	7	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME James M. DeBaufre

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Rose Ringrose

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT City Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date March 14 38

16. UNDERTAKER William M Marecks
(Address) 712 Lig at St

17. FILED Huntington Williams, M.D. 14

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7-1938 to 3-10-1938

I last saw h[illegible] alive on 3-10-1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach with Metastasis	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 14769

HEALTH DEPARTMENT—CITY OF BALTIMORE

14769 V 131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 W. Mulberry St., 20-1 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elizabeth Allen Duckett

(a) Residence: No. 1931 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of late James M. Duckett

DATE OF BIRTH (month, day, year) Feb. 1, 1852.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

3. NAME John Grimes

4. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME Lovelace

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Edgar N. Duckett
(Address) 1931 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL
Place Maryland, Prince George County, Md. Date March 14/38

UNDERTAKER Jones & Duffie
(Address) 4101 Edmondson Ave.

FILED 19 Huntington Williams Registrar

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1938 to 3/10, 1938

I last saw her alive on March 10, 1938. Death is said to have occurred on the date stated above, at 6:45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/2/38

Other contributory causes of importance:
Arteria sclerotic Cardio-renal ?
Vascular Disease

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Chas. Laughlin M. D.

(Address) 400 N. Hayen St.

F 44770

4770 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W. Lexington St. ..... Ward)

Length of residence in city or town where death occurred 0 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Mary Bennett

(a) Residence: No. 16 E. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilson

DATE OF BIRTH (month, day, year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) H. Franklin 1620 W. Lexington St

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 3/12/38 19

UNDERTAKER Mrs. Rose H. Holland
(Address) 163 David Gilbert

FILED 1938 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/38, 19 to 3/9/38, 19

I last saw h[illegible] alive on 3/5/38, 19 Death is said to have occurred on the date stated above, at [illegible] m. Thus

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Bronchopneumonia	3/1/38
Flu	

Other contributory causes of importance: Influenza

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Mickle M. D.

(Address) 727 Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44771

#31370 SF

✓ 343

Registered No. 1-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-2 Ward)

20 y-s

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... da.

If U. S. Veteran specify WAR

FULL NAME Tony Lemme

(a) Residence: No. 225 S. Robinson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Lemme

7. DATE OF BIRTH (month, day, year) 11/21/1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer ?

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Italy

11. NAME Cesare Lemme

12. BIRTHPLACE (city or town) (State or country) Italy

13. MAIDEN NAME Maria Nicola Napolitano

14. BIRTHPLACE (city or town) (State or country) Italy

15. INFORMANT Hospital Records

(Address)

16. BURIAL, CREMATION, OR REMOVAL March 14 38

Place Holy Redeemer Cem. Jan 14 38

17. UNDERTAKER Frank Della Vale

(Address) 52 N. Morley St Huntington Williams, N.Y.

1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 11, 1938. Death is said I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santolle, M. D.

(Address) Baltimore City Hospitals

F 11772

1772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 79-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sydenham Hosp. 5-1 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Beulah Brown Leggett

(a) Residence: No. 1374 N. Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced
HUSBAND of ? Leggett
(or) WIFE of

ATE OF BIRTH (month, day, year) 1901

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

3. NAME Benjamin Brown

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Florence Clarke

6. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Son
(Address) 1374 Woodyear St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/12 38

UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7-, 1938 to 3-10-, 1938

I last saw her alive on 3-10-, 1938 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumococcus meningitis	3-9
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Waghelstein, M. D.

(Address) Sydenham Hosp.

938

F 11773

HEALTH DEPARTMENT—CITY OF BALTIMORE

11773

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8 Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Edward W. Parker

(a) Residence: No. 2708 E. Oliver Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Parker,

DATE OF BIRTH (month, day, year) December 23, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	2	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) March 7, 1938

11. Total time (years) spent in this occupation 45 yrs

9. BIRTHPLACE (city or town) (State or country) Baltimore City

10. NAME William Parker,

11. BIRTHPLACE (city or town) (State or country) Virginia

12. MAIDEN NAME Elizabeth Ray,

13. BIRTHPLACE (city or town) (State or country) Baltimore City

14. INFORMANT (Address) Mrs Minnie E. Parker, 2708 E. Oliver St.

15. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date March 15, 1938

16. UNDERTAKER (Address) Geo W Little 2700 Edmondson Ave.

17. FILED Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 11, 1938

I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 2 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Vascular Accident	3/8/38
Hypostatic Pneumonia	3/9/38

over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) C. F. Johnston Jr. M. D.

(Address) Md General Hospital

1771 E 11771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Curley St., 7-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Arthur

(a) Residence: No. 807 N. Curley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Patk. Arthur

6. DATE OF BIRTH (month, day, year) Dec. 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER John Sapsaman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary Ann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Thos. Arthur

(Address) 807 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 14 38

19. UNDERTAKER John A. Myers

(Address) 3000 E. Balto St

20. FILED ..... 192 .....

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/38

22. I HEREBY CERTIFY, That I attended deceased from December 1937 to March 9 1938

I last saw her alive on March 9 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	2 yrs.

Other contributory causes of importance:

Influenza

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Schmitt M. D.

(Address) 701 N. Kinwood Ave.

838

E 14775

4775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward 7-4

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William Kestler

(a) Residence: No. 1004 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Catherine Kestler

DATE OF BIRTH (month, day, year) Jan 23rd 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) 2/20/38

11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew Kestler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Catherine Kestler

(Address) 1004 N. Washington St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 15th 1938

UNDERTAKER Bolt

(Address) 1217 St Paul St.

MAR 12 1938 Hamilton Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Carcinoma of oesophagus	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler M. D. Coroner

(Address) 1914 E. North Ave.

14776 HEALTH DEPARTMENT—CITY OF BALTIMORE 14776

CERTIFICATE OF DEATH

Registered No. 872

1. PLACE OF DEATH Bucks City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 26-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lucy Daisy Catmull

(a) Residence: No. 104 Symington Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Daily

DATE OF BIRTH (month, day, year) Feb 8-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation x

BIRTHPLACE (city or town) (State or country) Jefferson Co. Ala

13. NAME James Albert Rose

14. BIRTHPLACE (city or town) (State or country) Jefferson Co. Ala.

15. MAIDEN NAME Catherine Rodgers

16. BIRTHPLACE (city or town) (State or country) Jefferson Co. Ala.

INFORMANT Charles F. Daily

(Address) 104 Symington Ave Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 14th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came

departed this life as stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 Months
Chronic Myocarditis	Years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.

(Address) 1714 E. Baltimore St. Coroner

6

14777 V E 14777

14777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Gt-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2816 Hilldale St., 15-12 Ward)

th of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

FULL NAME Rebecca Goodman

(a) Residence: No. 2816 Hilldale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late David

TE OF BIRTH (month, day, year) 1873

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Russia

NAME Unknown

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Esther Yentsky

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Harry Goodman
(Address) 2816 Goodman ave

URIAL, CREMATION, OR REMOVAL
Place Hebrew Rodal Date March 13, 38

NDERTAKER Sol Levinson - Bro.
(Address) 1124-26 W. Northern

MAR 13 1938 ... 19... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to March 11, 1938

That saw her alive on 3-11, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-11-38
Coronary sclerosis	7-1-34

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Louis Irvine Nice M. D.

(Address) 920 St. Paul St.
Balto. Md.

1778 Riskin ✓ F 11778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-2 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 E Pratt St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Riskin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1826 E Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Morris Goodrich

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Leah

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Jacob Riskin

(Address) 1826 E Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rondalle Date 3/13/38 19

UNDERTAKER Sol Levinson Bros

(Address) 1124 Eut North ave

FILED ..... 19..... Registrar.

MAR 13 1938 Huntington Williams, R.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1938, to March 12th, 1938

I last saw her alive on March 12th, 1938. Death is said to have occurred on the date stated above, at 1301 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Hypertention
Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Samuel Snyder, M. D.

(Address) 1634 E. Baltimore St

E 14779

42717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 25-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., ... Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

FULL NAME William Schrodetzki

(a) Residence: No. 4116 Grace Court St., Curtis Bay Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-11-82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wm Schrodetzki

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mina George

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Westview Cemetery March 13-38

19. UNDERTAKER August Peek Inc
(Address) 2531 Ashland Ave

20. FILED Mar 13 38 Williams, M.D. Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 8, 1938 to Mch 10, 1938

I last saw h. m alive on Mch 10, 1938. Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-4-38

Other contributory causes of importance:
Grand Arteriosclerosis
Pulmonary emphysema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas H Burn M. D.

(Address) Johns Hopkins Hospital

1780 E 14780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. 12-6 Ward)

gth of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Loran Johnson

(a) Residence: No. St., Ward. Buffalo, New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) February 5, 1898

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bell hop

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Statler Hotel

9. Date deceased last worked at this occupation (month and year) 1 yr. ago

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Buffalo, N. Y.

13. NAME Oscar Johnson

14. BIRTHPLACE (city or town) unknown (State or country) Kentucky

15. MAIDEN NAME Mary Canfield

16. BIRTHPLACE (city or town) Buffalo (State or country) New York

INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/14/38

UNDERTAKER Robert Brooks & Son (Address) Calhoun & Fulton Sts

FILED 19 Deputy

3 1938 Hearing to Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 19 38

22. I HEREBY CERTIFY, That I attended deceased from March 2, 19 38, to March 10, 19 38

I last saw h. in alive on March 10, 19 38. Death is said to have occurred on the date stated above, at 2:35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	3-1-38
Other contributory causes of importance:	
Alcoholism	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. O. N. Anderson. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RLL/6

14781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Ward) 9-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Gavin

(a) Residence: No. 4th St. Orchard St. Brooklyn a a co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 24 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a a Co Md

13. NAME Luther Gavin

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Agnes Burkhardt

16. BIRTHPLACE (city or town) (State or country) Bato Md

INFORMANT Mr Agnes Gavin

(Address) 1st Smallwood Rd, a a co Md

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a a co Date May 14 38

UNDERTAKER Sykes & Stevens

(Address) 1501 E Fort Ave

FILED May 16 1938 Thomas [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. Northern

6

14782 HEALTH DEPARTMENT—CITY OF BALTIMORE 14782

CERTIFICATE OF DEATH

5-1 82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 W. Central Ave. St., ... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George R. Coates

If U. S. Veteran specify WAR .....

(a) Residence: No. 435 W. Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Sophie Coates

6. DATE OF BIRTH (month, day, year) Oct 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Specialty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Denby Coates

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Charity —

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Sophie Coates

(Address) 435 W. Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date March 15 1938

UNDERTAKER Robert H. Conway

(Address) 804 W. Caroline St.

FILED ..... 19..... Registrar

Huntingtop Williams, M.D.

13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Mar 9 1938

I last saw h... alive on Mar 9 1938. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Mar 6 1938
Contributory causes of importance: Cerebral Hemorrhage	July 1 1935

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

E 14783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. (14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Murdock Douglass

(a) Residence: No. 2000 Madison St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie Douglas

6. DATE OF BIRTH (month, day, year) April 11-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Samuel Douglass

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Christian Memorial Date March 14 1938

19. UNDERTAKER Archibald G. Gaskins

(Address) 2101 Mc Elderry St.

20. FILED 3 1938 Registrar.

Huntington Millwater, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1938 to March 11 1938

I last saw him alive on Mar - 11 1938 Death is said to have occurred on the date stated above, at 5.52 m.

The principal cause of death and related causes of importance were as follows:

Probably benign adenoma of left kidney; arteriolar sclerosis of kidneys; azotemia

Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Walter B. Bach M. D.

(Address) Johns Hopkins Hosp.

Jay Williams

14781 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 14784

46-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) President Hospital St., 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jay Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1733 McCulloh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Williams

6. DATE OF BIRTH (month, day, year) Oct. 29-63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER John Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Margaret Perkins

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Margaret Williams
(Address) 1733 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/15/38

19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 N. Gilmor

20. FILED 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Mar. 12 1938

I last saw h.. alive on Mar 12 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? yes Date of Mar. 12, 1938

For what disease or injury? Gastric Carcinoma

Name of operation Gastrectomy

What test confirmed diagnosis Path Exam't Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bernard Harris M. D.
(Address) 1207 N Caroline St

14785 E 14785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Eager St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Clark Clough

(a) Residence: No. 24 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Paul W. Clough

6. DATE OF BIRTH (month, day, year) Sept. 14, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physycian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass.

12. NAME Theodore M. Clark

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Jeannette French

16. BIRTHPLACE (city or town) (State or country) Mass.

INFORMANT Dr. Paul W. Clough

(Address) 24 E. Eager St.

[redacted] CREMATION, [redacted]

Place Loudon Park Cem. 3/14/38 19

UNDERTAKER John Mitchell & Sons

(Address) 1900 Eutaw Place

FILED APR 13 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938 to March 11, 1938

I last saw her alive on March 11, 1938 Death is said to have occurred on the date stated above, at 12.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral septicemia.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles Bostwan M. D.

(Address) 1417 Eutaw Place

14786 HEALTH DEPARTMENT—CITY OF BALTIMORE 14786

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William S. Wolfe (Grace H.

If U. S. Veteran specify WAR

(a) Residence: No. 2101 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S. Wolfe

DATE OF BIRTH (month, day, year) March 6 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. R. Dryden

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Hanaway

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

INFORMANT Mrs. Grace E. Tucker

(Address) 2101 St. Paul St.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date March 14 1938

UNDERTAKER John O. Mitchell's Sons Co.

(Address) 1900 Eutaw Place

FILED 13 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-6-38 . 19 . to 3-12-38 . 19

I last saw her alive on 3-12-38 . 19 . Death is said to have occurred on the date stated above, at 10 45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	
Other contributory causes of importance:	
	2-9-38

Was an operation performed? Yes Date of 2-11-38

For what disease or injury? above

Name of operation Trephine + Exploration of cerebrum

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

V F 14787

787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Virginia Ave 27-16 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? 20 yrs. ..... mos. ..... da.

2. FULL NAME Samuel Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3416 Virginia Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Morris Parker

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mollie Parker
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3-13-38

UNDERTAKER Jos. Segura Inc.
(Address) 1439 E. Baltimore St.

FILED 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-38

22. I HEREBY CERTIFY, That I attended deceased from Sept-15-1937 to March-13-1938

I last saw him alive on March-13 1938 Death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

None

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Herman Siedd M. D.

(Address) 2404 Eutaw St

1788 E 14788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2241 Lake Ave St., 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas L. Dugan

(a) Residence: No. 2241 Lake Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Mary E
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R. 6073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Daniel Dugan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E Dugan
(Address) 2241 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/14/38

19. UNDERTAKER Leonard J. Buck
(Address) 5305 Harford Rd

1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1938 to Nov 7, 1938.

I last saw him alive on Nov. 7, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular dis	1931
Coronary Thrombosis. Cont	1429
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St Paul St.

1789 E 1789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5-92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617-E. North Ave. St., 8 Ward)

Length of residence in city or town where death occurred life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR no

2. FULL NAME Mary J. Gill

(a) Residence: No. 1617-E. North Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of -------

DATE OF BIRTH (month, day, year) 6/21/1851

AGE Years	Months	Days	If LESS than 1 day XXXXXX or ... min.
86	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jabez Murray Gill

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Rebecca Gill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Miss Vesta M. Hall

(Address) 1617-E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 3/14/38 19

UNDERTAKER Geo. J. Roth Inc.

(Address) 1425-Hartford Ave.

FILED ... 19... Registrar.

4 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 15 1937 to March 12 1938.

I last saw her alive on March 11 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation & Mitral Stenosis	1937.
Other contributory causes of importance: Cholecystitis	1937

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Alfred E. Singewald M. D.

(Address) 1213 E. North Ave.

17790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14790

CERTIFICATE OF DEATH

26857 (MB) 95-B

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Robert Stansbury

(a) Residence: No. 3529 Hanover Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) 2/15/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER James W. Stansbury

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME OF MOTHER Harriett Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 14 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

DATE RECEIVED MAR 14 1938 Registrar Huntingtown Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1937 to March 11, 1938.

I last saw him alive on March 11, 1938 Death is said to have occurred on the date stated above, at 9.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautella M. D.

(Address) Baltimore City Hospitals

7791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44791

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH Blackstone Apts 3 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Charles and 33rd St. 12-2 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frank O. Stevens

(a) Residence: No. Charles and 33rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Bertha F. Stevens

DATE OF BIRTH (month, day, year) Feb 19th 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackstone Apts

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 6 yrs

BIRTHPLACE (city or town) (State or country) Lowell Mass

13. NAME Chas. B. Stevens

14. BIRTHPLACE (city or town) (State or country) Schenectady N. Y.

15. MAIDEN NAME Mary Cobbs

16. BIRTHPLACE (city or town) (State or country) Sacarappa Maine

INFORMANT (Address) Bertha F. Stevens 3 Blackstone Apt

BURIAL, CREMATION, OR REMOVAL Loudon Park Cremation Date Mar 15th 1938

UNDERTAKER (Address) Wm Cook 1217 St. Paul St

FILED ... 19... Registrar.

1 4 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937 to Mar 13 1938

I last saw him alive on Mar 12, 1938 Death is said to have occurred on the date stated above, at 2½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	yrs.
Ch. Interstr. nephritis	1937-
arteriosclerotic heart.	1938
Other contributory causes of importance:	
cerebral Hem	July 1937

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Patrick Hall M. D.

(Address) 1020 N. Charles St

F 44792

1-30 M. & T.—250 Bks.

44792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E. Biddle St. ST. 10-1 WARD)

2-FULL NAME Edward Augustine Hennessy

(a) RESIDENCE NO. 408 E. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) August 12 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Riveter

(b) General nature of industry, business, or establishment in which employed (or employer) Shipbuilding

(c) Name of employer Maryland Dry Dock Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Hennessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Mary Hennessy 408 E. Biddle St

4-1938 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1938

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938, to March 12, 1938.

that I last saw him alive on March 12, 1938,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure (Myocarditis)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Hypertrophic Arthritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings on exam.

(Signed) J. H. MacMunn M. D.

, 19 (Address) 1116 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery

DATE OF BURIAL 3-15 19 38

20 UNDERTAKER Albert Walk Jr

ADDRESS 1606 N. Charles St

14793 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14793

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 E. Cross St. 24-2 Ward)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frances J. Harrison

(a) Residence: No. 401 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mark P. Harrison

DATE OF BIRTH (month, day, year) July 18, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis Benton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT John H. Harrison (Son)
(Address) 401 E. Cross St.,

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Mar. 14, 1938

UNDERTAKER L. Howard Strong
(Address) 715 Light St

FILED Mar 14 1938 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1938 to Mar. 10 1938

I last saw her alive on Mar 10 1938 Death is said to have occurred on the date stated above, at 5.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/38
Other contributory causes of importance:	
Exhaustion	3/9/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If

Signed R. E. Campbell M. D.
3/14/38 (Address) 1644 Hanover St

794 F 14794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935-N-Charles St., 12 Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth 77 yrs. 1 mos. 4 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Minnie Reppert McGee

(a) Residence: No. 2935-N-Charles St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. T. McGee

6. DATE OF BIRTH (month, day, year): Feby-9-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Louis F. Reppert

14. BIRTHPLACE (city or town) (State or country): Shiloh Md

15. MAIDEN NAME: Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT: Mrs Frank A Varner (daughter)

(Address) 401 Hollins Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: May 16 - 38

19. UNDERTAKER: Edward Memorial Company

(Address) 101 Lexington Ave Huntington Williams, M.D.

Registrar

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1918, to March 13, 1938.

I last saw h... alive on March 13, 1938. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1918
Chronic Myocarditis	1920
Other contributory causes of importance: Coronary Sclerosis	1938

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N If so, specify .....

(Signed) H. R. Bishop, M. D.

(Address) 201-203 Sheridan Ave.

11795 Fuller Clare

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14 1938 Aug.

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Hamburg St. 21-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warren C. Dotson

(a) Residence: No. 537 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Robbins

DATE OF BIRTH (month, day, year) Oct 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman, Oil Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bacto. Md.

13. NAME David A. Dotson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia Bushy

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Lillie Dotson

(Address) 537 W. Hamburg St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/15 1938

UNDERTAKER J. F. McCully & Son

(Address) 130 E. Hoffman Ave.

FILED 14 1938 Registrar.

Huntington Station, Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Mar 11th 1938

I last saw h.. alive on Mar 10, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	
Other contributory causes of importance: Myocardial Insufficiency	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter E. Campbell M. D.

(Address) 1013 Poplar Grove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

14796

CERTIFICATE OF DEATH

1108-141 14796

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland Gen Hosp St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Grace E. Vogts

If U. S. Veteran specify WAR

(a) Residence: No. 712 E. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F Vogts

DATE OF BIRTH (month, day, year) Aug 26, 1907

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	6	16	14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Shores

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hattie F Gladden

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Elizabeth Winkelman

(Address) 1709 Chilton St

BURIAL, CREMATION, OR REMOVAL

Place Aberdeen Md Date March 15 1938

UNDERTAKER John Ullrich.

(Address) 2108 Allegheny Ave

FILED 1938 19

R 14 15 16 At Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to March 12, 1938.

I last saw h alive on March 12, 1938. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance:	
Spontaneous abortion - seven and one half months	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry W. Wells, M. D.

(Address) Med. Gen Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

14797 14797

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1632 E. Madison St (Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rachel Mills Lynch.

If U. S. Veteran specify WAR

(a) Residence: No. 1632 E. Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of James Lynch

7. DATE OF BIRTH (month, day, year) ? 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Approx 72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N.C.

13. NAME Charles Jones

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Evelyn —

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Josephine Alston

(Address) 1632 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date March 14 1938

19. UNDERTAKER Robert R. Young

(Address) 804 N. Carey St

MAR 14 1938 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to March 10, 1938

I last saw her alive on March 10, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis & Uremia.	unknown
Other contributory causes of importance:	
Arteriosclerosis	unknown
Chronic Myocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Northumberland St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14798 ✓131 F 14798

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 118 N. Biddle St. St., 11-2 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sarah E. Clash

(a) Residence: No. 118 N. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of: William H. Clash

DATE OF BIRTH (month, day, year): May 1, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge Md.

13. NAME: John Wesley Hughes

14. BIRTHPLACE (city or town) (State or country): Cambridge Md.

15. MAIDEN NAME: Fannie Etta —

16. BIRTHPLACE (city or town) (State or country): Cambridge Md.

17. INFORMANT (Address): Florence Johnson 118 N. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL: Cambridge Md. 3/15 '38

19. UNDERTAKER (Address): Robert E. Young 804 E. Caroline St

FILED MAR 14 1938 Hunterton for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 11, 1938.

I last saw h.. alive on March 10, 1938. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage & Hemiplegia.	March 5, 1938
Other contributory causes of importance: Arteria Sclerosis Chr. Intestinal Nephritis	Couple yrs ? ?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Ralph J. Young M. D.

(Address) 1424 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44799 CERTIFICATE OF DEATH V 167 F 44799

Registered No. 11-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Monument St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Mary A. Shields

(a) Residence: No. 115 W. Monument St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. B. James

7. DATE OF BIRTH (month, day, year) Aug. 1858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8 7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Caroline

13. NAME James B. Shields

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Franchon

16. BIRTHPLACE (city or town) (State or country) North Caroline

17. INFORMANT Mrs. Frank M. Hammond

(Address) 3003 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 14 1938

19. UNDERTAKER John D. Whitehurst & Sons

(Address) 1900 Eutaw Place

MAR 14 1938 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound left temple	3-13-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 3-13- 38

Where did injury occur? 115 W Monument St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol bullet wound left temple

Nature of injury External violence (gun shot)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E. North Ave Coroner

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14800 — CERTIFICATE OF DEATH — 108 F 14800

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt Gen'l Hosp St. 15-3 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sarah Cohen

(a) Residence: No. 1624 Linwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ehrard Cohen

DATE OF BIRTH (month, day, year) 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Same Hyatt

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 3/14/38

19. UNDERTAKER Jos. Levi Inc.
(Address) 1439 E. Balto St.

20. Filed MAR 14 1938, 19.. Wilmington Del. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-8-38, 1938, to March 14, 1938.
I last saw h— alive on March 13, 1938. Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Mar. 28
Ch. Myocardial degeneration	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? By X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) Milton Levi, M. D.

(Address) WBJH

14801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V59 F 14801

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wolf Solomon

If U.S. Veteran specify WAR ...

(a) Residence: No. 2802 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sonia

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Date Mar. 15 38

UNDERTAKER Jos. Levy Inc
(Address) 1439 E. Baltimore St.

FILED MAR 14 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 , 1938 to 3/13/38 , 1938

I last saw him alive on 3/13 , 19 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/1938
Other contributory causes of importance: Diabetes Mellitus	1/28
arteriosclerosis Heart	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Zunder Jr. M. D.

(Address) Sinai Hospital,

HEALTH DEPARTMENT—CITY OF BALTIMORE

14802

CERTIFICATE OF DEATH

V131 F 14802

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 W. Baltimore St., 19 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie Fuhrer

(a) Residence: No. 1716 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis W. Fuhrer

DATE OF BIRTH (month, day, year) Aug. 26-1875

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Waldies

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Wm. Fuhrer

(Address) 1716 W. Baltimore St

BURIAL, CREMATION, OR REMOVAL Place London Park Date 3/15 1938

UNDERTAKER George Schwab

(Address) 2101 Fredrick Ave.

Huntington Williams M.D.
Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1938.

22. I HEREBY CERTIFY, That I attended deceased from August 1935 to March 12 1938

I last saw h[illegible] alive on March 11, 1938 Death is said to have occurred on the date stated above, at 4.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Dis.	
Generalized arterio sclerosis	Long
Chronic Parenchymatous nephritis	Yrs
Other contributory causes of importance: Coronary Thrombosis	12 Hours

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Truchel M. D.

(Address) 2901 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C 14803

Registered No. 14803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Calvert & 31st St. 12-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Katherine Dimling

(a) Residence: No. Gilman Apts C-1 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of George D Dimling

6. DATE OF BIRTH (month, day, year) July 30, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Christian Volz.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Anna Katherine Betz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs C. S. Monch (Daughter)
(Address) Gilman Apts C-1

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date MAR 14 38

19. UNDERTAKER Wm. T. Tucker & Bond
Address 1900 North & Pa Aves.

FILED MAR 14 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1934 to March 12 1938

I last saw her alive on March 12, 1938 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset unknown

Other contributory causes of importance:

Auricular Fibrillation — 1936 unknown
Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Francis W. Gluck M. D.

(Address) Gilman Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

14804 CERTIFICATE OF DEATH ✓ 51-BF 14804

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Longwood Street St., 15-6 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Asbury Ruth

If U. S. Veteran specify WAR

(a) Residence: No. 2019 Longwood Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Mary Augusta Ruth

6. DATE OF BIRTH (month, day, year) June 8th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sup't-Maratime Exchange Chamber of Commerce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore.

10. Date deceased last worked at this occupation (month, day, year) Jan 1938

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Queen Anne County, Md.

13. NAME OF FATHER P. W. Ruth

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Sally Medows

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary A. Ruth

(Address) 2019 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 15th, 38

19. UNDERTAKER Hutchinson & Sons

(Address) 1 E. Lexington St.

FILED MAR 14 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to March 12, 1938

I last saw him alive on March 12, 1938 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Papillary carcinoma of bladder with local metastases. — Date of onset 1936

Other contributory causes of importance? Inanition with terminal uraemia from partial obstruction of ureters — 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

Cystoscopic and microscopic exam. Roentgenological

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. Kendig Wallace M.D.

(Address) 2839 Walbrook Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11805 — CERTIFICATE OF DEATH — 186-a F 11805

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 16-7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Zelita Mullen

(a) Residence: No. 1508 Braddish Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Burton Mullen

DATE OF BIRTH (month, day, year) Nov 25th 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

13. NAME John Q. Groves

14. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

15. MAIDEN NAME Sarah E. Weaver

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. George B. Mullen

(Address) 1508 Braddish Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 15th 19 38

19. UNDERTAKER [illegible]

(Address)

20. FILED MAR 14 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	Years
Infected 3rd toe,	March
left leg & thigh	1938
Other contributory causes of importance:	
Pernicious Anemia	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 1938

Where did injury occur? 1508 Braddish Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor and rolled out of bed

Nature of injury Burn left leg & thigh

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Ward M. D.
Coroner

(Address) 1712 Eutaw St.

F 44806

ACo. 5-11 250B

4806 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ X 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2016 Rockrose Ave Ward 3-8)

ngth of residence in city or town where death occurred yrs. 3 mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Rebecca Myers

(a) Residence: No. 2016 Rockrose Ave, Balto Co. Md. Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If ~~married~~, widowed, or ~~divorced~~
DAUGHTER of
(or) WIFE of Thomas Myers.

DATE OF BIRTH (month, day, year) May 5-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) "
11. Total time (years) spent in this occupation "

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME — Almacost

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Susan Hayes

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Frank Wallet
(Address) 2016 Rockrose Ave

BURIAL, CREMATION, OR REMOVAL Green Mount Cem. Balto 3/17 1938

UNDERTAKER Edward C. Tipton
(Address) Ruxton Md

FILED MAR 14 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to Mar 14, 1938

I last saw her alive on Mar 13 1938 death is said to have occurred on the date stated above, at — m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis and chronic nephritis	About 5 yrs ago.

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno Dunbrun M. D.
(Address) 846 W 36th St, Balto

Spec.—1-10-21—M&T—1500 Bks.

F 44807

14807

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3967 Hickory Ave. ST., 13-7 WARD)

2-FULL NAME Emma Louise Patton

(a) RESIDENCE NO. 3967 Hickory Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Charles L. Patton

DATE OF BIRTH (month, day, and year) Nov. 16, 1866.

AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 40 min.
	71	3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Clayton, Illinois.

10 NAME OF FATHER Jno. Linhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Louise Heil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Lillian Stolberg.

(Address) 532 Beaumont Ave.

Filed 4-1-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13 1938

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 13, 1938, that I last saw her alive on March 13, 1938, and that death occurred, on the date stated above, at 4 40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2½ ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Hypertension.

(duration) 12 yrs — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Kabler, M. D.

3-13, 1938 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morelands Mem. Park

DATE OF BURIAL 3-15-1938

ADDRESS

20 UNDERTAKER Walter R. McNamara

ADDRESS 4114 Harford Rd

14808 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14808

CERTIFICATE OF DEATH

Registered No. 25

1. PLACE OF DEATH Md. General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry G. Thomas

(a) Residence: No. 26 Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Reserve

10. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md

12. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Sarah E. Egan

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Chas Thomas Son

(Address) 2812 Riggs Ave.

BURIAL, CREMATION, OR REMOVAL Richland Cem Mar 16 38

Place ..... Date ..... 19..

UNDERTAKER Chas H. Grau & Son Inc

(Address) 118 N. McCoy Royal Ave.

FILED MAR 14 1938 19.. Registrar

Attesting Clerk Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1938 to 3-13 1938

I last saw him alive on 3-13 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pleurisy	?
Perforating gastric ulcer	?
Other contributory causes of importance:	
Rt. inguinal hernia	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab tests Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Peters M. D.

(Address) Md. General Hospital

E 44809

4809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Brother Amandus Boutilier

(a) Residence: No. Mt. St. Joseph's College St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 25-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sydney Cape Breton Nova Scotia

12. NAME Joseph Boutilier

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Mary Hanley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Amande Mt St Josephs College

BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 5-15-38

UNDERTAKER (Address) Chas F. Templeton 118 W. Mt Royal Ave

FILED 5-14-1938 Registrar. Huntington, W. Va., N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1938 to 3-13-1938

I last saw h. alive on 3-13-1938 Death is said to have occurred on the date stated above, at 3 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia entire Left lobe & upper rt lobe	2-25-38

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence J Shumaker M. D.
(Address) St. Agnes Hospital

44810 HEALTH DEPARTMENT—CITY OF BALTIMORE 44810

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 E. Northave St. 9-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine C. Collins

(a) Residence: No. 1012 E. North Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Collins

6. DATE OF BIRTH (month, day, year) Oct 14 1863

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Baltimore

13. NAME OF FATHER John Keegan

14. BIRTHPLACE (City or town) (State or country) England

15. MAIDEN NAME OF MOTHER Mary Gorman

16. BIRTHPLACE (City or town) (State or country) Ireland

INFORMANT Wm Collins

(Address) 1012 E. North ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 3/16/38 19

UNDERTAKER Chas F. Ruhl & Son

(Address) 118 W. Mt Royal ave

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13-38

22. I HEREBY CERTIFY, That I attended deceased from October 1937 to March 13 1938

I last saw her alive on March 12 1938. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac fibrillation — Date of onset Feb 1938

Other contributory causes of importance: Arterio-Sclerosis generalized — 2 years

Carcinoma of the cervix — 9 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) 20 E. Preston Street.

4 1938 Hunting in Millwood, N.J.

14811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14811

84-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Sloan
(a) Residence: No. Middlebarough Road Baltimore Ward. A 3/9
(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran (specify WAR ...)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Sloan

DATE OF BIRTH (month, day, year) Aug 1 1903

AGE 34 Years	Months 7	Days 12	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Huntsville Ala.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Nettie Sloan

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Ruby Sloan
(Address) Middlebrough Rd.

BURIAL, CREMATION, OR REMOVAL
Place Baltz to Sinai Date 3/15/38 19

UNDERTAKER John D Connelly Sons Inc
(Address)

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 . 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 . 1938 to March 13 . 1938
I last saw h/M alive on March 13 1938 Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain, abscess - left	?
mastoiditis - left	
Petrositis - left	

Other contributory causes of importance:

Was an operation performed? Not at present Date of ...
For what disease or injury? Mastoiditis - October 6, 1937
Petrositis - January 12, 1938

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles Key M. D.
(Address) Sinai Hospital

14 1938

14812 F 14812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Saran Bell Jacops

(a) Residence: No. 1410 Ward At St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 10, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Calvin Jacops

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Milley Colbert

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Calvin Jacops
(Address) 1410 Ward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 14, 1938

19. UNDERTAKER Mr Fotie P. Williams
(Address) 322 N. Schroeder St.

4 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury of Chest	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Manner of injury 1938. 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Auto Struck Child in Street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) G. R. C. Miller M. D.
Coroner

(Address) 3757 Wilkens

s e

14813 HEALTH DEPARTMENT—CITY OF BALTIMORE 14813

CERTIFICATE OF DEATH

Registered No. ×98

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 12-6
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mon. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

If U. S. Veteran specify WAR S.A.W.

2. FULL NAME Theophile C. Renouf C2606189

(a) Residence: No. ..... St., ... Ward. Annapolis, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Antonia Anderson Renouf

6. DATE OF BIRTH (month, day, year) Dec. 4, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) 1-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Quebec, Canada
(State or country)

13. NAME Theophile C. Renouf

14. BIRTHPLACE (city or town) ?
(State or country) France

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) ?
(State or country) Canada

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Cemetery Va Date 3-15 1938

19. UNDERTAKER Richard D. Meagher
(Address) 1620 Eutaw Place

20. FILED 3-16-38 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938. to March 11, 1938. I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	July 1937
Gangrene, arteriosclerotic, left foot	2-7-38
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-9-38
For what disease or injury? Gangrene, left foot
Name of operation Amputation of left leg
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos a Dever, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

MLW/6

E 11814

HEALTH DEPARTMENT—CITY OF BALTIMORE

11814

CERTIFICATE OF DEATH

× 46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 14 Ward)

Length of residence in city or town where death occurred ..yrs.. mos. 11 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willie Mack

(a) Residence: No. Berlin Worchester County St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 14 1938
Commissioner of Health

UNDERTAKER
(Address) Per H. A. Moore

FILED 1938 Arlington Williams Registrar

3876 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..7 to 3-9 ..... 19 38

I last saw h..m alive on 3-9 19 38 Death is said to have occurred on the date stated above, at 12:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pylorus and of Stomach	9-37
Secondary Anemia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) E. Hamo M. D.

(Address) Provident Hospital

. D. B. 1268-9

✓ F 11815

815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1512 E Federal St., 8-6 Ward)

ength of residence in city or town where death occurred, yrs. 78 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Harrison

(a) Residence: No. 1512 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
al	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 2. 1860

AGE 78 Years	2 Months	13 Days	If LESS than 1 day, hrs. or min.
		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William H Harrison

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Banks

(Address) 1512 E Federal

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date March 15 1938

19. UNDERTAKER Dennis C. Dyer

(Address) 1600 Pt. Road Huntingtown, Md.

1938 Huntingtown Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to March 13 1938

I last saw him alive on March 13 1938 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1936
Other contributory causes of importance: Chronic Endocarditis	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Avery M. D.

(Address) 1603 E Broadway

F 14816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-13

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Battle

(a) Residence: No. 1730 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto
13. NAME Louis Battle
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Ruth Gubb
16. BIRTHPLACE (city or town) (State or country) Balto
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date 3/15/38
19. UNDERTAKER Edmund L. Ford
(Address) 5206 Harford Rd
20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1938, to Mar 14, 1938
I last saw him alive on Mar 13, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	over

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) W. H. Peters, M. D.
(Address) 2405 Eldorado

1817 F 11817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary [redacted] St., 9-9 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen E. Myers

(a) Residence: No. 1824 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 17, 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER French Myers

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Elsie E. Strobel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frederick R. Myers

(Address) 1824 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/19 1938

19. UNDERTAKER Leonard Peck

(Address) 3 Des Moines Ave.

20. FILED ..... 19..... Registrar

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938 to March 14, 1938

I last saw h... alive on March 14, 1938. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

1 Tuberculosis Meningitis — Date of onset 2-15-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state .....

(Signed) S. Edwin Muller, M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

14818 CERTIFICATE OF DEATH 31327 F 14818

Registered No. 1838

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME James Jackson

(a) Residence: No. 721 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/25/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Bell ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Albun Date 3/10/38

19. UNDERTAKER Elroy S Wilson
(Address) 1000 Belvedere Ave.

MAR 14 1938 Huntington, Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938 to March 13, 1938.

I last saw him alive on March 13, 1938. Death is said to have occurred on the date stated above, at 7:23 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-24-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

14819 — 51 cF 14819

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Esther Pl. St., 26 Ward) 10

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George T. Andrews

(a) Residence: No. 3221 Esther Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced — HUSBAND of (or WIFE of) Mary E. Andrews

7. DATE OF BIRTH (month, day, year) 10/13/1871

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles F

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Hayward

16. BIRTHPLACE (city or town) (State or country) Port Royal Va

INFORMANT Mary E. Andrews

(Address) 3221 Esther Pl.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar 15, 1938

UNDERTAKER John A. Thomas

(Address) 3000 E. Baltimore St.

Filed Mar 14 1938 Washington Wilkinson M.D.

GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Mar 14, 1938

I last saw h[illegible] alive on Mar 10, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate	

Other contributory causes of importance:

Was an operation performed? yes Date of .....

For what disease or injury? Cancer

Name of operation (Castration)

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) G. Kenn Gundry M. D.

(Address) 1126 E. Baltimore St.

F 14820

820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 529 Carrollton ave St., 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Pete. D Short
(a) Residence: No. 529 Carrollton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Short.

DATE OF BIRTH (month, day, year) Dec 24 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month, day, year) Jan 11-1938
11. Total time (years) spent in this occupation 4yrs.

BIRTHPLACE (city or town) Charles Co
(State or country) Md

13. NAME Thomas Short.
14. BIRTHPLACE (city or town) Charles Co. Md
(State or country)
15. MAIDEN NAME Mary Edna Simms
16. BIRTHPLACE (city or town) Charles Co
(State or country) Md.

INFORMANT Elizabeth Tildon
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Mar 15 1938
18. UNDERTAKER Mrs P. C. Elliott-Daughter
(Address) 1129 N. Carrollton Ave
1938 H. Eugene Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1938

I HEREBY CERTIFY That I attended deceased from Jan 13 1938 to March 11 1938
I last saw h alive on March 11 1938 Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	1935,
Other contributory causes of importance: Aortic Regurgitation	1/15 '38

Was an operation performed? no Date of
For what disease or injury?
Name of operation no Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm H. Wright M. D.
(Address) 120 S. Kensington Ave

821 ✓ F 4482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28725 (MB) 45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William Corse, Sr.

If U. S. Veteran specify WAR no

(a) Residence: No. 3903 Southern Ave. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Corse

6. DATE OF BIRTH (month, day, year) 4/13/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

13. NAME Robert S. Corse

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rachael Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sunpowder Cem. Date March 6th 1938

19. UNDERTAKER Fred Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1937 to 3-13 1938

I last saw h[illegible] alive on 3-13 1938 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma tongue	[illegible]
Broncho pneumonia	3/11

Other contributory causes of importance:

Morphine addiction	[illegible]

Was an operation performed? yes Date of 12/1/37

For what disease or injury? Carcinoma tongue

Name of operation Surgical Radium Needle

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. E. Woodward Jr. M. D.

(Address) Balto City Hosp.

Tue A M 1 (BC)

✓ F 11822

1822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Berta A. Dietrich

(a) Residence: No. Ridgeway & Glenmore Ave. St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cortlant W. Dietrich

7. DATE OF BIRTH (month, day, year) July 18th 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME John A. Ferrel

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Margaret Stark

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. Dietrich

(Address) Ridgeway & Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date March 15 1938

19. UNDERTAKER Fred Lassahn & Son

(Address) 1401 Eutaw St.

Filed 3/14 1938 by W. Fuhr M.D.

Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~March 12th~~ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Renal Disease	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave.

F 11823

HEALTH DEPARTMENT—CITY OF BALTIMORE

823

CERTIFICATE OF DEATH 12735 (MB) 98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Blanchard

(a) Residence: No. 627 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/2/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME George B.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mamy J. Nash

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Lynchburg Va. Date Mar. 14 38

UNDERTAKER John E. Miller
(Address) 2334 Jefferson St.

FILED Registrar

1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to March 12, 1938

I last saw him alive on March 12. 1938. Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pangrene of right leg	3-6-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

E 14821

14821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/21

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. mos. 1½ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Charles Stockdale

If U. S. Veteran specify WAR .....

(a) Residence: No. Baring Balto. Co. Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) May 7-1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Wm N Stockdale

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maggie A Melking

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Wm. N Stockdale

(Address) Baring Md

BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 3-17 1938

UNDERTAKER Edw C Tipton

(Address) Frankstead Md

MAR 15 1938 . 19 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-2-38 . 1938 to 3-14-38 . 1938

I last saw him alive on 3-14 . 1938. Death is said to have occurred on the date stated above, at 2 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Emphysema & Gall Bladder Infection - Acute Appendicitis	

Other contributory causes of importance: Pulmonary Emboli

Was an operation performed? Yes Date of 3-2-38

For what disease or injury? Acute Appendicitis & Gall Bladder Infection

Name of operation Appendectomy & Cholecystotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewalt M.D.

(Address) ..... Dr. D.

14827 9 14825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine I - Leis If U. S. Veteran specify WAR

(a) Residence: No. St. Ann's House St., Ward. Columbia Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 14 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

13. NAME Anthony Leis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Klee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lan. Co. Pa.
Joseph Cemet. Date 3-4- 1938

19. UNDERTAKER Burgat. Interment
Baltimore Festival of Columbia Pa

20. FILED Harrington Williams, M.D.
15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938 to March 14, 1938

I last saw her alive on March 14, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Arteriosclerotic Nephritis	1936?
Cystitis and Pyelitis (B. Proteus)	1936?
Paraplegia	1920

Other contributory causes of importance:

Tic Douloureux (Postoperative)	
Bronchopneumonia	3-1-38

Was an operation performed? Yes Date of 2-14-38

For what disease or injury? Tic Douloureux

Name of operation Section Rt. Fifth Nerve

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

4826 F 14826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2740 Parkwood St., 13-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace E. Woods

(a) Residence: No. 2740 Parkwood St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 28 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady 466

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Remington Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Franklin B. Woods

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Olivia Raymo

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Martha Raymo Woods

(Address) 2740 Parkwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 15 1938

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 15 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1937 to Mar. 13th, 38 19

I last saw her alive on Mar. 12th, 38. Death is said to have occurred on the date stated above, at 3.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	June 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct, 29th 37

For what disease or injury?

Name of operation

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

14827 CERTIFICATE OF DEATH 94-P F 14827

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1823 N Dallas St., 8-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harrison Tyler King
If U. S. Veteran specify WAR

(a) Residence: No. 1823 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	38	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotheadset metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 4
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Harrison Tyler King
14. BIRTHPLACE (city or town) (State or country) Baltimore md
15. MAIDEN NAME Fannie Galloway
16. BIRTHPLACE (city or town) (State or country) Balto Co md
17. INFORMANT John F. Eaton
(Address) 1-31 Lemont ave
18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date March 16, 1938
19. UNDERTAKER Chas. G. Blacke
(Address) 142 W Baltimore ave
20. FILED 3-15-1938 Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schaefer, M. D.
Coroner
(Address) 1119 E. North ave

F 44828

4828 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Agnes Agnie DeWitt

If U.S. Veteran specify WAR

(a) Residence: No. 506 Woodbourne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Leonard A. DeWitt

DATE OF BIRTH (month, day, year) Feb 22, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3-9-38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Halifax Nova Scotia

13. NAME William Langille

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Susan Surple

16. BIRTHPLACE (city or town) (State or country) Halifax Nova Scotia

17. INFORMANT Husband

(Address) 506 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date March 15 1938

19. UNDERTAKER E. Leroy Stuffler, Inc.

(Address) 125 E. North Ave.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11-38 19 to 3-12-38 19

I last saw her alive on 3-12-38 19 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3-11-38
Other contributory causes of importance:	
Hypertension Cardiovascular Disease	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome V. Burton M. D.

(Address) 732 Northern Pkwy. (Woman's Hosp.)

14829 E 14829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 172-B

1. PLACE OF DEATH Union Memorial Hospital 27-2
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

2. FULL NAME Mrs. Elmer Lawrence Richardson If U. S. Veteran specify WAR No Record.

(a) Residence: No. 4700 Hamptnett Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Elmer Richardson

7. DATE OF BIRTH (month, day, year) July 31st 1899

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

13. NAME Wilbur N. Morris

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

15. MAIDEN NAME Margaret Hendrickson

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Elmer Richardson
(Address) 4700 Hamptnett Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Town Md Date Mar 16 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St.

20. FILED ..... 19..... Registrar.

MAR 15 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6 1938 to March 14 1938
I last saw her alive on March 14 1938 Death is said to have occurred on the date stated above, at 10:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction and peritonitis	3-12-38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-7-38 & 3-13-38
For what disease or injury? Release of adhesions; intestinal obstruction
Name of operation S: Release of adhesions; release of obstruction.
What test confirmed diagnosis? Op. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify.

(Signed) Frank M. Weaver M. D.
(Address) Union Memorial Hosp.

14830 HEALTH DEPARTMENT—CITY OF BALTIMORE 14830

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1723 Barclay St. 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Webster Armstrong
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1723 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed or divorced: HUSBAND of Rhoda Armstrong

DATE OF BIRTH (month, day, year) Nov 25 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large
10. Date deceased last worked at this occupation (month and year) Jan 1937
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Smith Armstrong
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Aldora Stears
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Mrs Aldora Armstrong
(Address) 1723 Barclay St.
18. BURIAL, CREMATION, OR REMOVAL Place St Marys Hampden 3/16 1938
19. UNDERTAKER William Cook
(Address) 1217 St Paul St
20. FILED MAR 15 1938 Registrar. Herrington Ten Williams, R.D.

MEDICAL CERTIFICATE OF DEATH 6th ann

21. DATE OF DEATH (month, day, year) March 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938 to March 14, 1938
I last saw h[im] alive on March 14, 1938 Death is said to have occurred on the date stated above, at 6:45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) David Schneider, M. D.
(Address) 1211 N. Milton Ave

44831 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 44831

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2415 St Paul St (12-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran (Civil, Spanish, or World War) specify WAR. No Record

2. FULL NAME Frank L. Kidd.
(a) Residence: No. 2415 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
6a. If married, ~~widowed~~, divorced HUSBAND of (or) WIFE of: Hattie Kidd
6. DATE OF BIRTH (month, day, year): Sept 8 1885
7. AGE: Years 53 | Months 7 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Adjuster for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bet Transit Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

PARENTS
12. BIRTHPLACE (city or town) (State or country): Md.
13. NAME: Nelson Kidd
14. BIRTHPLACE (city or town) (State or country): Balt
15. MAIDEN NAME: Laura Johnson
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Todie Sindall
(Address) 5312 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Mar 16 1938

19. UNDERTAKER: Wm Cook
(Address) 1217 St. Paul St

MAR 15 1938

19 ~~Huntington~~ Wilmington, N.C.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion — Date of onset 3/12/37

Other contributory causes of importance: Possible Hypertension

Was an operation performed? No — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner
(Address)

F 44832

44832 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-8

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Lindsay St., 7th Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warren Woodward

(a) Residence: No. 2316 Lindsay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Woodward

6. DATE OF BIRTH (month, day, year) August 7 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

13. NAME Wm. Woodward

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura Roberts

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Chas H Woodward 2316 Lindsay St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Mar 16th 1938

Place Catonsville Md

19. UNDERTAKER Wm Cook (Address) 1217 E. Paul St

Filed Mar 15 1938 Hoffman Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above. 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Turner, M. D. Coroner

(Address) 1210 Hanover St

F 44833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44833

CERTIFICATE OF DEATH

82-a

Registered No. 26-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Shannon Drive St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bessie G. Westenhaver

(a) Residence: No. 3317 Shannon Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Chas. A. Westenhaver

DATE OF BIRTH (month, day, year) Dec 12th 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 3/14/38

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Jane Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Margaret Russell

(Address) 3317 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL

St Joseph's Cemetery

Place Martinsburg W. Va Date Mar 15th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Mar 15 1938 Registrar. Huntington for Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 12. 1934. to Mar. 14. 1938

I last saw h~~er~~ alive on Mar. 14. 1938. Death is said to have occurred on the date stated above, at 5:45 P. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Hypertension	1928
Cerebral Hemorrhage	1934
Cerebral Hemorrhage	Mar. 1938

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

Whnt test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. Murray Fisher, M. D.

(Address) 18 E. Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1834 / 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Brown

(a) Residence: No. 1002 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1895 (1899)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseshoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska Kentucky

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Theodore Miller

(Address) 103 Lessien St

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date May 5 1938

19. UNDERTAKER Adolphus Hartsfield

(Address) 9 E. Huntington Williamsport, Md.

20. FILED MAR 15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (saw the evidence obtained by (Inquest, Autopsy or Inquiry)) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation pneumonia	Mar 10
	38

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 5 E. Saratoga St

F 14835

14835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Druid Hill Av St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William V Frek

If U. S. Veteran specify WAR

(a) Residence: No. 1905 Druid Hill Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 26 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 6 30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

13. NAME Edw. W. Frek

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amelia Worsley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Worsley

(Address) 1905 Druid Hill Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/15 38

19. UNDERTAKER Thomas E. Nelson

(Address) 238 Pleasant

20. FILED MAR 15 1938 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to March 11 1938

I last saw him alive on March 11 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/11/38
Other contributory causes of importance:	
Chronic Endocarditis	2 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. S. McCaul M. D.

(Address) 2024 Druid Hill Av

Boruta

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14836 ✓131 F 14836

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 26-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Boruta

(a) Residence: No. 6723 Railway Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine (Katarzyna)

DATE OF BIRTH (month, day, year) 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katarzyna Boruta (wife)
(Address) 6723 Railway Ave (Graceland)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel
Place Sacred Heart of Date Mond 17th 1938

19. UNDERTAKER George A. Weber
(Address) 705 E. Lanvale St

20. FILED ... 19... Registrar.

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23-38 to 3-14-38

I last saw h[illegible] alive on 3-14-38 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Other contributory causes of importance: Pleural Effusion, Bronchopneumonia	
Herpes Zoster (Mex. in patient)	

Was an operation performed? ... Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) J. F. Abbott, M. D.

(Address) Mercy Hosp

F 44837

1837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Scoggins

(a) Residence: No. Ellicott City Howard Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Scroggins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Betty Thornton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. Thornton

(Address) Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL Pine Orchard Date 3/16, 1938

Place

19. UNDERTAKER E. C. Wimpthemer Jr.

(Address) Ellicott Md.

19 Registrar

MAR 15 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 14. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison	
Drank Sodii Fluoride	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident. March. 14. 1938

Where did injury occur? Ellicott City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner in which injury occurred Thought he was Drinking Sodii

Nicarb.

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

44838 E 44838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9544 JS

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospt. (St.) 22-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Smith

(a) Residence: No. 150 W. Lee St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Louis Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) B. C. H. Records

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 3/15/38

UNDERTAKER Frances A. Keighley
(Address) 578 W. Biddle St.

FILED 3/15 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1938 to 3-11 1938

I last saw him alive on 3-11 1938 Death is said to have occurred on the date stated above, at 2° P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	unknown
uremia	1 week
arteriosclerotic cardiovascular disease	years unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 2-24-38

For what disease or injury?

Name of operation Cystoscopy

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp

F 44839

4839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

503 ✓107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ✓53 Robb St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis I. Dawson

If U. S. Veteran specify WAR

(a) Residence: No. ✓53 Robb St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	R.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/7/64

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) (State or country) Fredericksburg, Va

13. Name of Father L. H. Dawson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucy Parks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Mrs Wesley (Address) ✓53 Robb St

18. BURIAL, CREMATION, OR REMOVAL Interment Date 3/16 1938

19. UNDERTAKER Francis A. Hemsley (Address) 518 N Biddle St.

20. FILED 19 Registrar.

MAR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/26/38, 19 to 3/13/38, 19

I last saw him alive on 3/13/38, 19 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows: Pneumonia 2/26/38

Bronchial

Other contributory causes of importance: Senility & bed work

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Parasitic Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arlee Elmo M. D.

(Address) 522 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 14810

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Sufczynske

(a) Residence: No. 262 S Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonette

DATE OF BIRTH (month, day, year) 9-24-04

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3+O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Stanley Sufczynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 17 38

19. UNDERTAKER Fred W Gazenbrake

(Address) 1930 Eastern Ave.

20. FILED MAR 15 1938 Huntington Williamson, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) mar 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from mar 11, 1938 to mar 14, 1938

I last saw him alive on mar 14, 1938. Death is said to have occurred on the date stated above, at 2-5- A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar pneumonia	Mar 5
Circulatory failure	Mar 13

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Biological Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Frederick H. Hoover M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

1811 F 14811

CERTIFICATE OF DEATH

1. PLACE OF DEATH — West Balt. Gen. Hospital 115-a

CITY OF BALTIMORE: (No.) St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 3 mos 22 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Spear

(a) Residence: No. 132 Ramsay St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis C. Spear

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Blanche Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lewis Spear

(Address) 132 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 17 1938

19. UNDERTAKER A. Howard Evans

(Address) 1400 S. Charles St

FILED MAR 15 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. Coroner

(Address)

11812 F 11812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 9-9

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... World War

2. FULL NAME ..... Henry B. Horn .....

(a) Residence: No. 1707 Ensor St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bertha K. White Horn

DATE OF BIRTH (month, day, year) March 31, 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repair Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) 2-5-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Benjamin F. Horn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Elizabeth Hammel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Balto National Date 3/17 1938

19. UNDERTAKER (Address) Robert Brooks & Son Calhoun & Hollins Sts.

20. FILED MAR 15 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938, to March 14, 1938

I last saw him alive on March 14, 1938 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Heart disease, valvular, combined lesions, mitral and aortic stenosis, rheumatic origin — Date of onset 1931

Endocarditis, subacute, streptococcus brevis — Nov. 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. N. Andrews M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11813 ✓ 23 F 11813

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. Ward) 1

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Stanley

(a) Residence: No. 207 W Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 8/1/99

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

13. NAME Albert Stanley

14. BIRTHPLACE (city or town) (State or country) Greenbg, Ga

15. MAIDEN NAME Hallie Irwin

16. BIRTHPLACE (city or town) (State or country) Greenbg, Ga.

17. INFORMANT Edward Stanley

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date March 15 1938

19. UNDERTAKER Archibald C. Haddaway

(Address) 2101 McCulloh St

Williamsport, Md

Huntington Pennsylvania

19. FILED MAR 15 1938

LPK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to March 12, 1938

I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset 1-4-38

Myocarditis

Other contributory causes of importance:

Bronchitis

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Walter Shemyon M. D.

(Address) 201 N. Carey St.

F 44844

44844 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Norris St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Briscoe

(a) Residence: No. 515 Norris St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Briscoe

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Co Va

FATHER

13. NAME Wm Briscoe

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anne —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rebecca Briscoe

(Address) 515 Norris ST

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 15, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

Filed MAR 15 1938 [illegible] Registrar

15 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 12 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 3/11/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 E. Eager St.

8450 3
407 0 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44815

CERTIFICATE OF DEATH

108

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edmund Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1806 Snyder Ave St., ... Ward Edmondson

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (~~not WIFE~~) of Anna C Collins

7. DATE OF BIRTH (month, day, year) 6/27/1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn-

13. NAME Francis Collins

14. BIRTHPLACE (city or town) (State or country) Pa-

15. MAIDEN NAME Mulhenn

16. BIRTHPLACE (city or town) (State or country) Pa-

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Manch Chunk Pa Date Mar 16, 1938

19. UNDERTAKER William M Marechs

(Address) 715 Light St

20. FILED Mar 15 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938 to Mar 13, 1938

I last saw him alive on Mar 13, 1938. Death is said to have occurred on the date stated above, at 3 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Acute)	1-22-38
Empyema - RT	2-6-38

Other contributory causes of importance:

Generalized arteriosclerosis

Arteriosclerotic Heart Disease

Was an operation performed? Yes Date of 2-6-38

For what disease or injury? Empyema

Name of operation Insertion of Catheter for Tidal Drainage

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. Friedrich, Jr. M. D.

(Address) Johns Hopkins Hosp.

F 14846

846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Luntz

(a) Residence: No. 4903 Queensbury Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-14-38

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1		3½ hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Morris Luntz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Doris Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Doris Luntz
(Address) 4903 Queensbury Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3/16/38

19. UNDERTAKER Jos. Sears Sons
(Address) 1439 E. Baltimore St.
Huntington Williams, Mgr

20. FILED MAR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-38 19

22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1938, to 3-14-, 1938

I last saw her alive on 3-14-, 1938. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Kimas, M. D.

(Address) Sinai Hospital

24 S. Br. 14817

14817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 E Lombard St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth ✓ yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Aaron Blank

(a) Residence: No. 1016 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Esther

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gankel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Blank
(Address) 1016 E Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 3/17/38

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Balto St

20. FILED ... 19... Registrar.

15 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/38. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to March 15 1938

I last saw him alive on March 4 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	March 14/38
Myocardial degeneration	Long standing
Arterio-Sclerosis	July/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Reis, M. D.

(Address) 24 S. Broadway

F 44818

1848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 William St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Amelia M. Hagerman

(a) Residence: No. 1212 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Hagerman

7. DATE OF BIRTH (month, day, year) March 2d, 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Conrad Andreae

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ann Mathes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Hymm

(Address) 1212 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date March 16 38

19. UNDERTAKER John J. Feeley & Sons

(Address) 1316 Light St.

MAR 15 1938 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/38

22. I HEREBY CERTIFY, That I attended deceased from 3/11/38, 19..., to 3/13/38, 19...

I last saw h[illegible] alive on 3/3/38, 19... Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/10/38
Other contributory cause of importance: Hypertension	1936
Arteriosclerosis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) Jesse Miller, M. D.

(Address) 122 S. Charles St.

14849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14849

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #6 S. Smallwood St St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lillie R. Goonan

(a) Residence: No. #6 S. Smallwood St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Timothy [illegible] Goonan

DATE OF BIRTH (month, day, year) Sept 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Hardy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Timothy G. Goonan

(Address) #6 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 16 1938

19. UNDERTAKER Rev C. B. McNeese

(Address) Pratt & Stricker Sts

20. FILED MAR 15 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15. 1938, 19..., to Mar. 13. 1938, 19... I last saw her alive on Mar. 13. 1938. Death is said to have occurred on the date stated above, at 5.10A.M

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Auricular Fibrillation

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Adam J. Stephan M.D.

(Address) 1942 W. Baltimore St.

14850 F 14850

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 5-2 Ward)
Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR World War.

2. FULL NAME Vito Pastore
(a) Residence: No. 269 East St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Trionfo Pastore

6. DATE OF BIRTH (month, day, year) March 21, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In business for self
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Camasammsima, Italy
(State or country)

13. NAME Joseph Pastore
14. BIRTHPLACE (city or town) Camasammsima, Italy
(State or country) U S MASS

15. MAIDEN NAME Jennie Mary Massara
16. BIRTHPLACE (city or town) Camasammsima, Italy
(State or country) U S MASS

17. INFORMANT—Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 16 1938
19. UNDERTAKER Frank Della Vale
(Address) 52 N. Motley St

MAR 15 1938 ... Registrar. Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20 1938 to March 12 1938
I last saw him alive on March 12 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchostenosis, cause undet.	12-13-36
Laryngitis, chronic, ulcerative	"

Other contributory causes of importance:

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? B.W. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...
(Signed) J. B. N. ... M. D.
(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14851 125-BF 14851

1. PLACE OF DEATH: St. Joseph's Hospital — Ward: 27-5

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Laura R. Fulbrecan

(a) Residence: No. 3104 Chesley Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	W	SINGLE

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year): NOV. 30/ 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BOOKKEEPER FOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: BALTO. CITY GOVT

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): MARYLAND

13. NAME: JOHN S. SULLIVAN

14. BIRTHPLACE (city or town) (State or country): MARYLAND

15. MAIDEN NAME: ELIZA ROSS

16. BIRTHPLACE (city or town) (State or country): MARYLAND

17. INFORMANT: WILLIAM S. SULIVAN

(Address): 5706 HARFORD RD.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. 3/ 16/ 38

(Place) SPRINGHILL Cem. John A. Mitchell

19. UNDERTAKER: John A. Mitchell & Sons

(Address): 1900 Eutaw Place

MAR 15 1938 Huntington Williams, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16-38, 19 ..., to 3-14-, 19 38

I last saw her alive on 3-13-1938 Death is said to have occurred on the date stated above, at 12 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrahepatic Biliary Obstruction	May-1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-22-37, 5-1-36, 7-15-37

For what disease or injury?

Name of operation: Cholecystectomy - exploration

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14852 53-E F 14852

Registered No. 46-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3022 Kentucky Ave (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Nettie D. Wholey
(a) Residence: No. 4228 Sheldon ave Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Edgar

DATE OF BIRTH (month, day, year) April 29-1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York
13. NAME Henry Straupe
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Saal
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Maud A. Streibl
(Address) 4228 Scheldon ave
18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Mem. Date March 16 38
19. UNDERTAKER Martin H. & Dippel
(Address) 37 S. Ann St

MAR 15 1938 At Eutaw Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to March 13 1938
I last saw her alive on March 13 1938 Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	
Embolism	
Arterio sclerosis	over
Chronic nephritis	
Anemia	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury? None
Name of operation None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter A. Anderson M. D.
(Address) 3001 Shannon Drive

F 14853

14853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--31217 34-

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred Fuller

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-8-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Manley

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Lucinda

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records

Address

18. INFORMATION GIVEN 3/18/38

19. DATE RECEIVED JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1938

20. Commissioner of Health

21. UNDERTAKER Per H. A. Moore

Address

22. FILED Huntington Williams, M.D. Registrar.

1938 3878 1+

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That, I attended deceased from February 28, 1938, to March 11, 1938

I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Moore M. D.

(Address) Baltimore City Hospitals

1851 F 14851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK-- 17005-a

1. PLACE OF DEATH

Registered No. 34-1-87

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Owens Perkins

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilly Grimes

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME William Perkins

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Nancy (unknown)

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1938
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

15 1938 Huntingtown Calvert Co. Md
3879 ff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1938

I HEREBY CERTIFY, That I attended deceased from September 28, 1936 to March 9, 1938.

I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-5-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals.

V F 14855

14855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 CCK--31285

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Ashley

(a) Residence: No. 218 S. Bethel St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
52	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place ..... 19 .....

JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAR 15 1938 Huntington Williams, M.D. Registrar.

3880 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 8, 1938

I last saw him alive on March 8, 1938 Death is said to have occurred on the date stated above, at 1450 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-26-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

(Haley)

1856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1856

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 14-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Haley

(a) Residence: No. 820 1/2 Spechuma Pl Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longmeadow Va

FATHER

13. NAME Louis Haley

14. BIRTHPLACE (city or town) (State or country) Longmeadow Va

MOTHER

15. MAIDEN NAME Sallie Mason

16. BIRTHPLACE (city or town) (State or country) Longmeadow Va

17. INFORMANT Beatrice Haley

(Address) 1622 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-17- 1938

19. UNDERTAKER Mrs. R. A. Elliott-Daughter

(Address) 1124 W. Caroline St

FILED MAR 15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) this death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 12 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo [illegible] Coroner

(Address) [illegible] M. D.

V 56

44857

HEALTH DEPARTMENT—CITY OF BALTIMORE

44857

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH Hamilton — Registered No. 227-7

CITY OF BALTIMORE: (No. 2704 Northern Pkwy. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Schuler

(a) Residence: No. 2704 Northern Pkwy. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret Schuler

6. DATE OF BIRTH (month, day, year): May 9 - 1860

7. AGE — Years: 77 — Months: 10 — Days: 24 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Martin Schuler

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Link

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs George Lester

(Address): 2704 Northern Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk. Date: Mar. 16 1938

19. UNDERTAKER: Jos Ogden & Son

(Address): 217 S Paca st.

MAR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13 - 1938 8.10 a.m.

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to 3/13/38 19

I last saw h alive on 3/13/38. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

1 Paralysis Agitans
Cerebro - Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryan Gallery M. D.

(Address) 5703 Harford Rd

Registered No. 2249

HEALTH DEPARTMENT—CITY OF BALTIMORE

14858

CERTIFICATE OF DEATH

94-B F 14858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 N. Smallwood St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth 39 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alfred Heineman

(a) Residence: No. 2121 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther R. Heineman

6. DATE OF BIRTH (month, day, year) Oct. 9, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Telegra-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pher- B.& O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamburg, Germany

FATHER

13. NAME Bernard Heineman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Esther R. Heineman
(Address) 2121 N. Pulaski St.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Heb. Friendship Cem. Date Mch. 17, 1938

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

MAR 15 1938

Huntington Delaware, R.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) that said deceased came death on the day stated above. 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
I	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1215 Hanover St.

156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14859 — 9th D F 14859

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Park Ave. St. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry L. Emerich

(a) Residence: No. 2107 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha W. Emerich

DATE OF BIRTH (month, day, year) July 6, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture polish
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Emerich,

14. BIRTHPLACE (city or town) (State or country) New York, N.Y.

15. MAIDEN NAME Hannah Bornheim,

16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMANT (Address) Mrs. Bertha W. Emerich, 2107 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Mch. 16, 19 38

19. UNDERTAKER David Sondheimer Son
(Address) 1902 Eutaw Place.

MAR 15 1938 Eaton Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 19 38, to March 14 19 38

I last saw h.... alive on March 14 19 38. Death is said to have occurred on the date stated above, at 1.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb 5th 38 (37 days)
Other contributory causes of importance: Myocarditis + uremia.	10 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick Lentz M. D.

(Address) Temple Garden Apts.

F 14860

14860 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs William Owens (Mary K.) If U. S. Veteran specify WAR

(a) Residence: No. 1307 Linden Ave., St., Baltimore Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mr William Owens

7. DATE OF BIRTH (month, day, year): March 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	25 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Mr William D. Madary
14. BIRTHPLACE (city or town) (State or country): Baltimore County

15. MAIDEN NAME: Miss Rosanna Jane Smith
16. BIRTHPLACE (city or town) (State or country): Baltimore County

17. INFORMANT: Rosalie K. Yingling
(Address) Jarrettsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Prospect Hill Date: 3/18/38

19. UNDERTAKER: John Burns Sons
(Address) Towson, Md.

20. FILED: 3/15/1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-15-1938

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1938, to March 15, 1938
I last saw h. alive on March 15, 1938 Death is said to have occurred on the date stated above, at 9.56 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Coronary Thrombosis	3/15/38
Generalized Arteriosclerosis	
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) H. Bailey Hollins M. D.
(Address) Union Memorial Hospital.

F 14861

14861 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 31453 (17) 349-108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Jones, Jr.

(a) Residence: No. 921 McCulloh St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pinkie

DATE OF BIRTH (month, day, year) 4/4/~~1900~~ 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~22~~ 37	~~50~~	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Clarence

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/16 1938

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna Ave

MAR 16 1938 ... 19 ... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 11, 1938

I last saw ~~him~~ alive on March 11, 1938. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-4-38
Other contributory causes of importance:	
	~~3-4-38~~

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. de Lantelle M. D.

(Address) Baltimore City Hospitals

1862 1

F 44862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a CC

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE (No. Bay View St., 1 to 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME John Behner (or) Bahner

If U. S. Veteran specify WAR

(a) Residence: No. 2302 Boston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore

(State or country) Md.

FATHER

13. NAME William J. Behner

14. BIRTHPLACE (city or town) Balto.

(State or country) Md.

MOTHER

15. MAIDEN NAME Anna E. Sapp

16. BIRTHPLACE (city or town) Baltimore

(State or country) Md.

17. INFORMANT Harriett M. Habinsky

(Address) 415 Fremont Ave (City)

18. BURIAL, CREMATION, OR REMOVAL

Place MT Carmel Date 3/16/38 19

19. UNDERTAKER Thomas J. Rock

(Address) 530 Huntington Ave. Baltimore, Md.

3/16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Contusion, result of accident — Date of onset 5 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 8, 1938

Where did injury occur? 2302 Boston St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.

(Coroner)

(Address) 1112 N. Howard St.

V 5 6

F 14863

14863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E. Biddle St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no Record

2. FULL NAME Julia M. Shankey

(a) Residence: No. 324 E. Biddle St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Col. Lawrence F. Shankey

6. DATE OF BIRTH (month, day, year) June 19th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME R. G. C. Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Philomena McManus

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Angeo D. MacLennan 324 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Mar 17th 38

19. UNDERTAKER (Address) Wm. Cook 1217 E. Baltimore St

20. FILED MAR 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	
Other contributory causes of importance: Metastatic Carcinoma of Liver Mesentery Intestinal Obstruction	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma L. Wolfe M. D.

(Address) 137 E. North Ave

44861 HEALTH DEPARTMENT—CITY OF BALTIMORE 44861

CERTIFICATE OF DEATH

Registered No. 94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N Milton Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR or Record.

2. FULL NAME Marvin A Wells

(a) Residence: No. Forney Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 14, 1864

7. AGE: Years 73 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Senator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins
10. Date deceased last worked at this occupation (month and year): 1930?
11. Total time (years) spent in this occupation: 20?

12. BIRTHPLACE (city or town) (State or country): New York City

MOTHER FATHER

13. NAME: Ruth Wells
14. BIRTHPLACE (city or town) (State or country): New York
15. MAIDEN NAME: Waterman
16. BIRTHPLACE (city or town) (State or country): Connecticut

17. INFORMANT: Emma L Watkins
(Address) 1827 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Md Date 3/17/38

19. UNDERTAKER: Milton Co
(Address) 1217 E Oliver St

20. FILED MAR 16 1938 Registrar. for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938 to March 15, 1938

I last saw him alive on March 15, 1938 Death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Physical Signs No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Palmer M. D.

(Address) 1301 N Patterson Park

44865 F 44865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Baltimore & Caton Ave., Sta. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR or Record

2. FULL NAME Mrs. Mollie Fisher

(a) Residence: No. 4648 Kenwood Ave., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Aug 26 1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ulrich Maryland

FATHER

13. NAME Wilson Dare

14. BIRTHPLACE (city or town) (State or country) U. Ulrich Md

MOTHER

15. MAIDEN NAME Lucinda Mabry

16. BIRTHPLACE (city or town) (State or country) Fullerton Md

17. INFORMANT (Address) Esther Fisher Edmonds City Md

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Lebanon Date 3/17/38

19. UNDERTAKER (Address) Wilson & Co 1217 E Fort Ave

20. FILED ... 19 ... Registrar

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11- 1938 to 3-15- 1938

I last saw h[illegible] alive on 3-14- 1938. Death is said to have occurred on the date stated above, at 5:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (a)	3-12-38
Carcinoma Left Breast (b)	?
generalized metastasis. (c)	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Lawrence J. Shimanek M. D.

(Address) St Agnes Hospital

14866 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14866

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH Church Home & Infirmary Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify War Record

2. FULL NAME Mr Charles Neal

(a) Residence: No. 1308 E Preath St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Mar 18th 1868

7. AGE: Years 69; Months 11; Days 26; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Captain 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sea Going Vessel

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Kent Co Md

FATHER

13. NAME: Samuel Neal

14. BIRTHPLACE (city or town) (State or country): Kent Co Md

MOTHER

15. MAIDEN NAME: Sarah R Thomas

16. BIRTHPLACE (city or town) (State or country): Kent Co Md

17. INFORMANT: Marie Elliott

(Address) 2500 E. Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Mar 18th 1938

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

3 3 938 Huntington Publishing Co., Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1938, to 3-14, 1938

I last saw him alive on March 14, 1938. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 3/12/38

Other contributory causes of importance:

Arteriosclerotic heart disease — winter of 1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify ...

(Signed) C. W. Hoffmann M. D.

(Address) Church Home & Infirmary Hosp

44867 E 44867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Bolton St. St. 14-1 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN R. SUTTON

(a) Residence: No. 1735 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne E. Sutton

6. DATE OF BIRTH (month, day, year) Nov. 28. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) 2045

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Robert M. Sutton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura V. Degges

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John R. Sutton Jr.
(Address) 6416 Pinehurst Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mch 16. 1938

19. UNDERTAKER John Armistead & Sons
(Address) 1900 Eutaw Place.

MAR 16 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 8. 1938 to Mch 13. 1938

I last saw h alive on Mch. 13. 1938 & Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance:	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) William B. Rider M. D.

(Address) Owings Mills, Md.

14868 E 14868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N Chester St. 63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Blanche Barr Guthrie

(a) Residence: No. 713 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche L. Guthrie

6. DATE OF BIRTH (month, day, year) Dec 28-1873

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month, day, year) Feb 1-1937

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A Guthrie

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Alice Guthrie
(Address) 713 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date 3/16/38

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED [illegible] Williams, Registrar

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1938, to March 12, 1938

I last saw him alive on Mar. 12, 1938. Death is said to have occurred on the date stated above at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb. 26, 38

Other contributory causes of importance:

Hypertension — Onset 1927

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None

(Signed) Frank H. Ogden M. D.

(Address) 2701 N. Calvert St

E 14869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14869

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward) 17

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred M Hersh — If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring St., 27 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1865

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None, 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Levinson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Seymour Trumbauer (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Oheb Sholom Date 3/16/38 19

19. UNDERTAKER Sol Levinson Bros (Address) 1124 W Fayette

20. FILED ..... 19 ..... Registrar.

MAR 15 1938

Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1936, to 3-14, 1938

I last saw h[illegible] alive on 3-14, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Chronic Bronchitis	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin M. D.

(Address) Leverdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

14870 CERTIFICATE OF DEATH √ 46-f 14870

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hospital Ward 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Duncan Mac Calman
If U. S. Veteran specify WAR
(a) Residence: No. 5505 Wayne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 5 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME James Mac Calman
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Mary Mac Lachlan
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Helen Mac Calman
(Address) 5505 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date March 16 1938

19. UNDERTAKER Chas. E. Franck
(Address) 512 Madison Ave

20. FILED
MAR 16 1938 H. Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-38

22. I HEREBY CERTIFY, That I attended deceased from 12-7-37 19.. to 3-14-38 19..
I last saw him alive on 3-14-38 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Annular carcinoma of colon	12-6-37
Acute intestinal obstruction	3-4-38
Atelectasis	
Other contributory causes of importance:	
Myocardial failure	3-7-38

Was an operation performed? Yes Date of 12-7-37 3-4-38
For what disease or injury? Intest. obstruction
Name of operation Colostomy & Colectomy
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. K. Macdonald M. D.
(Address) Md Gen Hosp

11871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CG--31402B

E 11871

Registered No. 95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Victoria Truitt

(a) Residence: No. 624 Dumbarton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8--?

9. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	?		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Grafton, Dorchester Co. Md. Date Mch 16 1938

19. UNDERTAKER Chas. E. Franck
(Address) 601 Madison Ave

20. FILED MAR 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9. 1938. to March 14. 1938.

I last saw her alive on March 14. 1938. Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. de Lambert M. D.

(Address) Baltimore City Hospitals

872 F 41872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home — Registered No. 372

CITY OF BALTIMORE: (No. 239 E. Madeira St., 1-5 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Iwasiak — If U. S. Veteran specify WAR

(a) Residence: No. 239 E. Madeira St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Iwasiak

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Some time

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leonard Iwasiak

(Address) 230 E. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Mar. 15, 1938

19. UNDERTAKER M. J. Sadowski & Sons

(Address) 808 Eastern Ave.

20. FILED Mar 15 1938 Huntington Williams, M.D. Registrar

R 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other contributory causes of importance: Arteriosclerotic heart disease; Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 112 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4187 3 — CERTIFICATE OF DEATH — XV / 26 F 4187 3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Catherine Wilkerson (WILKINSON) If U. S. Veteran specify WAR .....

(a) Residence: No. Riverside Road, Essex St., ... Ward. Balto. Co,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie L. Wilkinson

6. DATE OF BIRTH (month, day, year) Jan. 1 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Conoly

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Archie Wilkinson (Address) Riverside Rd. Essex

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 3/17/ 1938

19. UNDERTAKER John G. Connelly (Address) Essex, Md.

20. FILED MAR 15 1938 Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 8th, 1938, to Mar 14, 1938

I last saw her alive on Mar 14, 1938. Death is said to have occurred on the date stated above, at 9:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/13/38
Other contributory causes of importance: Post Operation Pneumonia	3/12/38
Acute Cholecystitis & Cholelithiasis	

Was an operation performed? Yes Date of Mar 9th 1938

For what disease or injury? Acute Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy & Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Seagar, Jr. M. D.

(Address) University Hospital

F 44874

11871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., E. W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E Magruther

(a) Residence: No. 705 Bay St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor J Magruther

6. DATE OF BIRTH (month, day, year) May 28 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Frank Ryan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Victor J Magruther

(Address) 705 Bay St

18. BURIAL, CREMATION, OR REMOVAL

Woodland Park Date March 17 1938

19. UNDERTAKER Thomas J Lyon

(Address) 1611 E Baltimore St

Registrar.

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns 1 arms & face	

Other contributory causes of importance:

Cardiac

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3 16 1938

Where did injury occur? 705 Bay St - Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Clothes caught on fire by open heater

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Whedon Coroner, M. D.

(Address) 1717 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

44875 44875

CERTIFICATE OF DEATH

94-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Penna. Ave) 7-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth 9 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Zelda Smith

(a) Residence: No. 1223 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Smith

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Blank

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hinda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Smith

(Address) 1223 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

By Herrmann Date 3/16/38

19. UNDERTAKER Jos. Levi & Son

(Address) 1439 E. Balto St

20. FILED 19 Huntington Williams, M.D.

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 6 . 1938 to March 15 . 1938

I last saw h alive on March 15 . 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Arter.-sclerosis	?
& Hypertension —	
Angina Pectoris	?
Other contributory causes of importance:	
Senile Coronary	6 Yrs.
occlusion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Mad Dewees M. D.

(Address) 2002 E. Pratt

14876 HEALTH DEPARTMENT—CITY OF BALTIMORE 14876

CERTIFICATE OF DEATH V 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4641 Park Hts Ave St.) (27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Stonesifer

If U. S. Veteran specify WAR

(a) Residence: No. 4644 Park Hts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan R. Stonesifer

6. DATE OF BIRTH (month, day, year) Jan. 23, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Augustus Stonesifer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ida S. Robson

(Address) 4629 Drury Lane

18. BURIAL, CREMATION, OR REMOVAL Date Mar 19 38

Place Westminster

19. UNDERTAKER Chas Pickett & Sons

(Address) North & Arch Sts.

MAR 16 1938 Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to March 14. 1938

I last saw him alive on March 14. 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas & Stomach	Gradual
Other contributory causes of importance: Primary Lesion (Stomach)	6 Mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical & X-ray findings Was there an autopsy? yes

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W H Moody M. D.

(Address) 1403 Park ave

14877 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14877

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison Street St., 27-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude Marjorie Mc Innis

If U. S. Veteran specify WAR

(a) Residence: No. 5104 Palmer Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 0667

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Slesinger I nc.

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Capt. Roderick Mc. Innes

14. BIRTHPLACE (city or town) (State or country) Prince Edward Is. Canada

MOTHER

15. MAIDEN NAME Meta Wessells

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank H. Lucke
(Address) 2701 Hudson Blvd, Jersey City

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 16 1938

19. UNDERTAKER William J. Tukeny & Sons
(Address) North & Penna. Ave.

20. FILED ..... 19 ..... Registrar.

R 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1938 to March 14 1938

I last saw h[illegible] alive on March 14 1938. Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2-13-38
Chronic Nephritis and Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John S. Bubert M. D.

(Address) 4813 Park Height Ave

F 14878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14878

CERTIFICATE OF DEATH ✓46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1137 W. Lombard St. 16-3 Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 14 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Craven

(a) Residence: No. # 1137 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hugh E. Craven

6. DATE OF BIRTH (month, day, year) Aug 31, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	6	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Patrick McNerney

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Johanna Hogan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mr Hugh E. Craven
(Address) # 1137 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 17, 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED MAR 16 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to March 14 1938

I last saw h.er alive on March 12 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis	unknown
Other contributory causes of importance: Bronchopneumonia	March 12/38

Was an operation performed? Yes Date of Sept 1936

For what disease or injury? Carcinoma of Rectum

Name of operation colostomy

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Roevan M. D.

(Address) 206 S. Gilmor St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 1487) CERTIFICATE OF DEATH 94-B F 1487)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408-E. Monument St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Stout (nee Dany) If U. S. Veteran specify WAR

(a) Residence: No. 2408-E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of John Henry Stout

6. DATE OF BIRTH (month, day, year) Feb 25th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Dany

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elenor Bhome

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin Stout
(Address) 1830 - E - 29th St

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 3 | 17 | 38 19

19. UNDERTAKER H. Wilson & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar.

APR 16 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 | 14 | 38. 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 8 1938, to Mch 14 1938

I last saw h... alive on Mch 12 1938. Death is said to have occurred on the date stated above, at 9.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6
Other contributory causes of importance:	
Arterio-sclerosis	
Hypertension	8

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Alan A Penman, M. D.

(Address) 718 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14880 — CERTIFICATE OF DEATH — 159 F 14880

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ben Lennox Hosp St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 57 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Wayne Merwin Elliott — If U.S. Veteran specify WAR

(a) Residence: No. 4315 Leeds Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	29 57	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Almy Elliott

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Pauline Wilson

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Almy W. Elliott
(Address) 4315 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL Place Int Rest Date 3/17/38. 19

19. UNDERTAKER Harry A. Entzler
(Address) 1101 E Lanvale ave Huntington Williamsport Md.

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930 19 to March 14 19 38

I last saw him alive on March 14 19 38 Death is said to have occurred on the date stated above, at 6. a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Prematurity (
neglected Abortion
pregnancy

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) C. J. Lalumia M. D.

(Address) Ben Lennox Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14881

CERTIFICATE OF DEATH

50 F 14881

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Hollins St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 1 2e yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecelia K. Maczis

(a) Residence: No. 2021 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony E. Maczis

6. DATE OF BIRTH (month, day, year) July 28, 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George F. Herbert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Hodgins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Anthony E. Maczis

(Address) 2021 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 17/38

19. UNDERTAKER Harry L. Hughes

(Address) 401 Edmondson Ave.

20. FILED Mar 16 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Mar 14, 1938

I last saw her alive on March 13, 1938 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1935

Other contributory causes of importance: —

Was an operation performed? YES Date of May 1936

For what disease or injury? Carcinoma of Breast

Name of operation Amputation of Breast

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward J. Nihan M. D.

(Address) 682 Washington Blvd

14882 HEALTH DEPARTMENT—CITY OF BALTIMORE 14882

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2227 W Fayette St Ward 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John M. Windle
(a) Residence: No. 227 (1/2 Fayette) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Birdie Lee Windle

6. DATE OF BIRTH (month, day, year) Dec 16 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER
13. NAME Clarence Windle
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Mary Burns
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Edwin Windle Bro.
(Address) 1629 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 17 1938

19. UNDERTAKER Jas. A. Frances Son
(Address) 1210 S Charles St.

20. FILED 19 Registrar.

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to March 14 1938
I last saw him alive on 3/14 1938. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Mullen M. D.
(Address) 1225 S Charles St

F 14883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14883

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Hampnett Rd 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Maudie King

(a) Residence: No. 19½ Ruth St. George Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar M King

6. DATE OF BIRTH (month, day, year) 6-27-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Winfield S. King (Address) 1216 High St Towson Md

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Hazon Park Date 3-18 1936

19. UNDERTAKER Leonard Ryder (Address) 5225 Harford Rd

20. FILED MAR 16 1936 Harrington Williamson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by such Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1914 E. North Ave.

V S 6

14881 HEALTH DEPARTMENT—CITY OF BALTIMORE 14881

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2828 Clifton Avenue St. 15-7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME HAROLD EDWIN DAVIS WILLIS

If U. S. Veteran specify WAR

(a) Residence: No. 2828 Clifton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Jeanette Anna Willis (nee Bautz)

6. DATE OF BIRTH (month, day, year) Dec. 24, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Edris Aylwin Willis

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Elizabeth Ann Raglan

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Jeanette Anna Willis

(Address) 2828 Clifton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date March 17, 1938

19. UNDERTAKER Chas. H. Grave & Son Inc

(Address) 118 W. Mt. Royal Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to March 14, 1938

I last saw h. in alive on March 14, 1938 Death is said to have occurred on the date stated above, at 5:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/6/38
Other contributory causes of importance: Terminal Bronchopneumonia	3/14/38

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) H. Dunniello M. D.

(Address) Medical Arts Bldg.

APR 16 1938 Huntington Williams, M.D.

F 44885

44885 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willian Russell or Hall

(a) Residence: No. 604 W. Redwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 16 1938 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

MAR 16 1938 Huntington Williams, M.D.
Registrar

3881

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) R. H. Carlson Coroner M. D.

(Address) 2757 W. Lan

E 14886

14886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH MB

94 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Wood,

(a) Residence: No. 768 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/9/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Marg. Morrison

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 16 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19 Registrar
Registration District Williams, M.D.

R 16 1938 3883

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to February 27. 1938

I last saw him alive on February 27 1938. Death is said to have occurred on the date stated above, at 12.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-27-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. G. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4887 F 4887

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-2 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Wright #1 If U. S. Veteran specify WAR

(a) Residence: No. 1520 E 33rd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 10. 1938

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lee Willis Wright

14. BIRTHPLACE (city or town) (State or country) Havre De Grace Md

MOTHER

15. MAIDEN NAME Annette Meyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father
(Address) 1520 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Cemetery Date Mar. 13. 1938

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway

Huntington Avenue

MAR 16 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16. 1938, to March 16. 1938

I last saw h.. alive on March 16. 1938. Death is said to have occurred on the date stated above, at 4 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo?)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Gilbert E. Rudnick M. D.

(Address) St Joseph Hospital

14888

HEALTH DEPARTMENT—CITY OF BALTIMORE

14888

82-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Aisquith St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude M. Lang

(a) Residence: No. 217 Aisquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Lang

6. DATE OF BIRTH (month, day, year) Aug 9 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 1937

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Susan M. Dubert

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Walter Lang

(Address) 217 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Mar. 17. 1938
Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC Leroy T. Sander

(Address) Baltimore & Broadway.

20. FILED MAR 16 1938 Huntington Williams, N.Y. City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to March 14, 1938

I last saw h.. alive on March 12, 1938 Death is said to have occurred on the date stated above, at 8.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 20 -
Other contributory causes of importance:	
Senile Debility *	
Hypertension	1902

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. T. Stewart M. D.

(Address) 718 N. Patterson Pk.

V S 3

VF 4889

HEALTH DEPARTMENT—CITY OF BALTIMORE

4889

122-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital) Ward 0-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Johnson

(a) Residence: No. 1308 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6. DATE OF BIRTH (month, day, year) Mar 15 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Hood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary J. Kelley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edgar Smith (Address) 1308 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3-17-38

19. UNDERTAKER Jno. George N. Holland

(Address) 1631 Druid Hill Ave

FILED 19 Registrar

16 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, autopsy or inquiry) and find that said deceased came to (Inquest, autopsy or inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia	3/13/38
Peritonitis Generalized	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-13-38

For what disease or injury? Strangulated Hernia

Name of operation Free Excision Date 3-13-38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. G. Holland M. D.

(Address) 1631 Druid Hill Ave

V S 6

14890 E 14890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH St. Agnes' Hospital, 29-1
CITY OF BALTIMORE: (No. Edgewood Road S.W. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mary Shipley
If U. S. Veteran specify WAR

(a) Residence: No. St. Vincent's Female Orphan Asylum, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 5 Yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St. Vincent's Female Orphan Asylum
(Address) Baltimore Md.

18. BURIAL, CREMATION, or REMOVAL Place Forest Park Cem. 3/16/38

19. UNDERTAKER Forney & Sons
(Address) 1316 Eutaw St.

20. FILED ... 19... Registrar.

6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-14-1937 to 3-15-1938

I last saw h alive on 3-16-1938 Death is said to have occurred on the date stated above, at 5:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia. C	7-4-37
Bronchopneumonia	3-5-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify

(Signed) Lawrence J. Shuman M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44891 | 108 F 44891

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Emory St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John W. Bailey

(a) Residence: No. 312 Emory St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Bailey

6. DATE OF BIRTH (month, day, year) Sept. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John W. Bailey

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Katie Decker

(Address) Riverdale Md.

18. BURIAL, CREMATION, OR REMOVAL

Date 3/16 1938

19. UNDERTAKER Eger & Tagley

(Address) Baltimore & Fulton

20. FILED ... 19 ... Registrar

AR 16 [illegible] Huntington Williams, N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) F. K. Carnes, M. D. Coroner

(Address) 227 W. Pratt St.

14892 ✓ F 14892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 734 S Conkling St., 26 Ward) 26-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME August J Fox or Fuchs
If U. S. Veteran specify WAR

(a) Residence: No. 734 S Conkling St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Fox or Fuchs

6. DATE OF BIRTH (month, day, year) June 28 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Joseph Fox or Fuchs
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry J fox (son)
(Address) 542 Clements St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Mar 17 1938

19. UNDERTAKER Lilly & Zeller Jr
(Address) 463 Wolfe St

20. FILED APR 16 1938 Registrar Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/4/36. 19... to 3/14/38. 19
I last saw h... alive on 3/14/38. 19... Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypostatic pneumonia	
Other contributory causes of importance:	
Acute Cardiac dilatation	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Gnell M. D.
(Address) 633 S. Conkling

F 14893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 42030

31 14893

Registered No. 125-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Trexel

(a) Residence: No. RFD #2 Hobsapple St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trexel

6. DATE OF BIRTH (month, day, year) Oct 14-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0686

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Edward Trexel

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Johnstown Co Date 3/16 38

19. UNDERTAKER (Address) Wm Colf 121 2d Portland

20. FILED 3 16 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22-1938 to 3-16-1938

I last saw h[illegible] alive on 3-16 1938. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of Liver	Dec '37
Bronchopneumonia	Jan '38

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frederick H. Hesse M. D.

(Address) Johns Hopkins Hospital

1891 F 11891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Greenway St. Guilford Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Caldwell Miller

If U. S. Veteran specify WAR

(a) Residence: No. 3809 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis A. Miller

6. DATE OF BIRTH (month, day, year) Aug 12 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Thos. P. Ellicott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline M. Allen

16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

17. INFORMANT Nancy P. Ellicott
(Address) 3809 Greenway Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar 17 1938

19. UNDERTAKER Henry W. Justice Sons Co.
(Address) McCulloh-Eichand Sts

20. FILED 19 Registrar.

Augustus Williams

F-6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1927 to March 16, 1938

I last saw her alive on March 16, 1938 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (metastatic).	1935
	own

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sydney R. Miller M. D.

(Address) 1118 St Paul St

✓ F 44895

44895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Cornell St., 2-2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Gibson or Watkins

(a) Residence: No. 608 Cornell St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Oct 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Watkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecka Wright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ed. Watkins

(Address) 1606 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 17 1938

19. UNDERTAKER Joseph A. Sperry

(Address) 1698 Druid Hill Ave

20. FILED 19 Registrar

MAR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. O'Connell M. D. Coroner

(Address) 22 S. Howard St.

14896 ✓ E 14896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Schuman If U. S. Veteran specify WAR

(a) Residence: No. 1071 Ellicott Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/15/38

7. AGE Years	Months	Days	If LESS than 1 day, 13 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles Schuman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Militeer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT M. Coffey
(Address) U. M. S. Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAR 16 1938 19

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED 19 ... Registrar.

MAR 16 1938

3883

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to March 16, 1938

I last saw her alive on March 16, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Since Birth
Effects Physician.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Milton Cohn M. D.

(Address) W Balt

1897 F 11897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Weenie Blizzard

(a) Residence: No. 301 S. Sharp St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 16 1938 19

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED Huntington Williams, M.D. Registrar

6 1938 3884

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 &2 & 3 Degree Burns of Body	
Arms & Legs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury March 11, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire in Her Home 301 S. Sharp St

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Cullen M. D.
Coroner

(Address) 2757 W. Lex. St.

E 14898

HEALTH DEPARTMENT—CITY OF BALTIMORE

14898

CERTIFICATE OF DEATH OCK--31599 10-w

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Kozlowski

(a) Residence: No. 2227 Essex St. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-25-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel to, Md.

FATHER

13. NAME Stanley ?

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER

15. MAIDEN NAME Helen Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Hod Rivers Date 3/17 38
19

19. UNDERTAKER John Petrigla
(Address) 2211 Hudson St

20. FILED 1-6 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 3-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1938 to 3-16 1938

I last saw her alive on 3-16 1938 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?

Other contributory causes of importance:

Prematurity

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Ida Tradkin M. D.

(Address) Baltimore City Hosp

4899 E 4489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-a

31363--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Earl Bell

(a) Residence: No. 1123 Hard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 10/27/1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bila Keck

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 18 1938

19. UNDERTAKER Ambrose, Inc.
(Address) 1017 W. Lexington St.

20. FILED MAR 17 1938 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5 38, to March 15 38

I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Unknown

Other contributory causes of importance: none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle, M.D.

(Address) Baltimore City Hospitals

14900 HEALTH DEPARTMENT—CITY OF BALTIMORE 14900

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Hanlicoke St 21-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Welver

(a) Residence: No. 1146 Hanlicoke St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M.

6. DATE OF BIRTH (month, day, year) Feb. 27, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec 29

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Welver

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sophie Yeager

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillian M. Welver
(Address) 1146 Hanlicoke St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 17 38

19. UNDERTAKER Pembroke Funeral Home
(Address) 1012 W. Cross St.

20. FILED ..... By .....

MAR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to Mar. 14, 1938

I last saw him alive on Mar. 13, 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 year

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Morley Strauss M. D.

(Address) Brentwood, Md.

14901 Heine

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14901

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 19 — Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Heine

If U.S. Veteran specify WAR

(a) Residence: No. 1630 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas. H. Heine

14. BIRTHPLACE (city or town) (State or country) ~~Balto Md.~~ Norwalk, Conn.

MOTHER

15. MAIDEN NAME Mary McDonnell

16. BIRTHPLACE (city or town) (State or country) Tidalia Georgia

17. INFORMANT Robert Heine
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Peters Cem Date 3/17/38

19. UNDERTAKER Frye & Farley
(Address) Fulton & Lafayette

20. FILED MAR 17 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1938 to Mar 16, 1938

I last saw her alive on March 16, 1938 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? NS

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) C. J. Lubowski M. D.

(Address) Bon Secours Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14902 14902

CERTIFICATE OF DEATH

✓ 131

14902

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 White Ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Gross

(a) Residence: No. 3706 White Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Gross

6. DATE OF BIRTH (month, day, year) March 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter M. Brown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Magdaline Nordman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Gross, 3706 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Mar. 18 1938

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

20. FILED MAR 17 1938 Arrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to March 15, 1938
I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 4:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-14-38
Other contributory causes of importance:	
Chr. Nephritis	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

14903

HEALTH DEPARTMENT—CITY OF BALTIMORE

14903

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 27-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Charles H., Rider

(a) Residence: No. 4501 Weitzel Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E. Rider

6. DATE OF BIRTH (month, day, year) July 1st 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse

10. Date deceased last worked at this occupation (month and year) July, 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT (Address) Mr. Rider, 4501 Weitzel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date March-19 38

19. UNDERTAKER (Address) French Lancaster Law 7401 Belair Road

20. FILED MAR 17 1938 19 H. Lee Williams Registrar

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1938

22. I HEREBY CERTIFY, That I last (before) saw the deceased alive, (on) (Inquest, Autopsy or Inquiry) (between) and (from the evidence) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came (to) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? — Date of

Name of operation — What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) 1912 E. North Ave

14904

F 44904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓183

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Key Highway & Covington St. Ward) 11-44

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Burke Gray.

(a) Residence: No. 1319 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murphey, N. C.

FATHER

13. NAME J. Burke Grey.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Hattie May.

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT John L. Mason. Police Dpt.

(Address) Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Murphy N. C. Date 3-17-38 19

19. UNDERTAKER Jack Lenz Inc.

(Address) 1439 E. Balto. St.

20. FILED 19 Registrar

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Reported missing Jan. 21, 1938 ~~Found Mon. 15, 1938~~

22. I HEREBY CERTIFY, That I attended deceased from autopsy & inquiry to autopsy & inquiry and that said deceased came to his death on the day stated above.

(Insert: Autopsy or Inquiry) (Insert: Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? probably accident Date of injury 1/21/38

Where did injury occur? Do not know. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Reinhardt M. D.

Coroner

1/16/38 (Address) 1017 S. Charles St.

F 44905

44905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lev Hosp (Street) 5 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Harris

(a) Residence: No. 610 n Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Harris

6. DATE OF BIRTH (month, day, year) Mar 26 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER FATHER

13. NAME Wm Harris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Harris

(Address) 610 n Bethel st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 19 1938

19. UNDERTAKER Lottie Gross

(Address) 1408 Ashland ave

20. FILED Huntington Williams, Mgr

MAR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis — Date of onset Mar 15 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Hist — Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. L. Schaffer M. D. Coroner

(Address) 50 Dulaney Place

OCCUPATION is very important. See instructions on back of certificate.

44906 F 44906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 4-25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marilla L. Tarr

(a) Residence: No. 668 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Arthur L. Tarr

6. DATE OF BIRTH (month, day, year) Oct. 11-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Feb. 28 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Samuel M. Richardson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marilla A. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur L. Tarr

(Address) 668 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 18 1938

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

Registered MAR 17 1938

Registrar Huntington Williams

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	
Coma	5 days
Fracture Neck right femur	5 weeks

Other contributory causes of importance:

Was an operation performed? Yes Date of March 6-38

For what disease or injury? Fracture Neck R. femur

Name of operation Smith Peterson nail Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 28. 1938

Where did injury occur? 668 W. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in alley Cinder

Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 412 N. Gay St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14907 — CERTIFICATE OF DEATH — 46-E F 14907

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3915 Belvieu St. 15-18 Ward)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 62 yrs. 7 mos. 24 ds.

2. FULL NAME Emilene Fletcher Cook — If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3915 Belvieu St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard H. Cook

6. DATE OF BIRTH (month, day, year): July 19 1875

7. AGE: Years 62 | Months 7 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Warrenton Virginia

FATHER
13. NAME: Thaddeus F. Fletcher
14. BIRTHPLACE (city or town) (State or country): Orange Co. Virginia

MOTHER
15. MAIDEN NAME: Georgie Latham
16. BIRTHPLACE (city or town) (State or country): Fauquier Co. Virginia

17. INFORMANT: Mrs. H. H. Cook (Husband)
(Address) 3915 Belvieu

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Mar 17 1938

19. UNDERTAKER: Edwin H. Mowbray Co.
(Address) 108 W. Monument

20. FILED MAR 17 1938 — Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/19 1938 to 3/18 1938

I last saw her alive on 3/15 1938 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver & stomach?	10 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? None
Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Carroll M. D.
(Address) 3902 Greenland Pl

OCCUPATION IS very important. See instructions on back of certificate.

14934 34 E 44908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×√54-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 3853

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Wright — If U. S. Veteran specify WAR

(a) Residence: No. 519 Alliance St. St., ... Ward. Havre de Grace Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) March 28, 90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	16 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Alfred Vaughns

14. BIRTHPLACE (city or town) (State or country) S Car.

MOTHER

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St. James Cem. Date Mar. 20, 38

19. UNDERTAKER L. Madison Mitchell (Address) Havre de Grace, Md.

20. FILED ..... 19 ..... Registrar Huntington Williams, M.D.

MAR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1938 to Mar. 16, 1938

I last saw her alive on Mar. 16, 1938. Death is said to have occurred on the date stated above, at 6 h 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	3-11-38
Other contributory causes of importance:	
Bronchopneumonia	3-14-38

Was an operation performed? Yes Date of 3-9-38

For what disease or injury? Pyonephrosis, salpingitis, chronic.

Name of operation hysterosalpingectomy; bilat. salpingo-oophorectomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Heroch M. D.

(Address) Johns Hopkins Hospital

14909 HEALTH DEPARTMENT—CITY OF BALTIMORE 14909

CERTIFICATE OF DEATH ✓ 128

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hosp. Ward 7-20
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Elick Seidenman
(a) Residence: No. 6211 Belmont Ave St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Selig Seidenman
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Mary Seidenberg
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Mr. L. Seidenman 6211 Belmont Ave

18. BURIAL, CREMATION OR REMOVAL
Place Heb. Friendship Date Mch 6 1938

19. UNDERTAKER (Address) David Lyndenimer & Son 1902 Eutaw Place

20. FILED MAR 17 1938 Huntington Williams M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-13-38, 19 to 3-16-38, 19
I last saw him alive on 3-16-38 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	3-12-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-13-38
For what disease or injury? Gallbladder
Name of operation Drainage of pancreas and gall bladder
What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank M. Weaver M. D.
(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

14910 CERTIFICATE OF DEATH ✓ 93-9 14910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4606 Hampnett Ave. St. 27-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willian Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 4606 Hampnett Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Agnes Beefelt Parker

6. DATE OF BIRTH (month, day, year) May 8, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Shoe Co.

10. Date deceased last worked at this occupation (month and year) 1884

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany
(State or country) New York

FATHER

13. NAME Andrew J. Parker

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Elizabeth Eve Holliday

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. E. R. Jones
(Address) 4606 Hampnett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date March 17th 38

19. UNDERTAKER C. W. Lamoreau
(Address) 1005 W. Baltimore St.

AR 17 1938 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 , 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 , 38 to 3/14/38 , 19 ...
I last saw him alive on 2/10/38 , 19 ... Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infarct)	
Other contributory causes of importance: Cardiac Decompensation	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wayne Gobbey , M. D.

(Address) 5103 Harford Road

14911 F 14911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Hanford St. 10-3 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Halloway

(a) Residence: No. 740 Hanford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Onez Halloway

6. DATE OF BIRTH (month, day, year) 5-28-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 00 40

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Frank Halloway

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Onez Halloway (Address) 740 Hanford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Mar 19 1938

19. UNDERTAKER Mrs R. C. Elliott & Daughter (Address) 1129 N. Caroline St

20. FILED APR 17 1938 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1937 to March 15, 1938.

I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Ahrends, M. D.

(Address) 1534 Dumbarton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44912 CERTIFICATE OF DEATH ✓ 94 F 44912

Registered No.

1. PLACE OF DEATH Fire Department Infirmary 6-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. Gay St. St., Ward)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton E. Magill.

(a) Residence: No. 2502 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of ~~WIFE of~~ Anna C. Magill.

6. DATE OF BIRTH (month, day, year) July 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Department.

10. Date deceased last worked at this occupation (month and year) 3/15/38

11. Total time (years) spent in this occupation 20 32

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Magill.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Emma Brown.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna C. Magill. (wife)
(Address) 2502 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date 3/19/38

19. UNDERTAKER Jos Josephs & Son
(Address) 2nd & Pacific

MAR 17 1938 19 Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above and that I last saw deceased alive on autopsy & inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy & inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Occlusion of the Coronary Arteries.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

3/17/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44913 CERTIFICATE OF DEATH 93-C F 44913

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Union Avenue St. 13-8 Ward)

Registered No. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Annina Seton Wells

If U.S. Veteran specify WAR ...

(a) Residence: No. 1208 Union Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexis Elder Wells

6. DATE OF BIRTH (month, day, year) Aug. 22, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord Baltimore Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Kentucky

FATHER

13. NAME James L. Osborne

14. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER

15. MAIDEN NAME Elizabeth Cannon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Jos. V. Slattery

(Address) 3638 Beech Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/18 19 38

19. UNDERTAKER Henry H. Meaders Inc

(Address) 508 N. Calvert St.

AR 17 1938 Huntington Williams N.T.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Mch 15, 1938

I last saw h[illegible] alive on Mch 13, 1938. Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance	
Grippe	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Charles L. Wells M. D.

(Address) 5276 Park Heights Ave

F 44914

HEALTH DEPARTMENT—CITY OF BALTIMORE

1914

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1310 Ruper Place Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude L. Scones

(a) Residence: No. 1310 Ruper Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George L. Scones Jr.

6. DATE OF BIRTH (month, day, year) Feb. 25. 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md

MOTHER FATHER

13. NAME Bernard Fortman

14. BIRTHPLACE (city or town) (State or country) Balto. md

15. MAIDEN NAME Madeline Walters

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT George L. Scones Jr.
(Address) 1310 Ruper Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holyrood Cem. Date 3/19 1938

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St

20. FILED 3/17 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 (1937) to March 16, 1938.
I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 5'2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	Jan 28/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/2/37

For what disease or injury

Name of operation Radical Amp of breast.

What test confirmed diagnosis? Biop Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. Falen M. D.

(Address) 4 W. Fulton

OCCUPATION IS VERY important. See instructions on back of certificate.

14915 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14915

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gronlich

(a) Residence: No. St. Josephs Hospital St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Laurence Gronlich

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Nora Fay

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 17 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED Huntington Williams M.D.

MAR 17 1938 3885

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938 to March 15, 1938

I last saw h[illegible] alive on March 15, 1938. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

6 month prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St Josephs Hospital

14916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14916

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Bonnell St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rudolph Jay

If U. S. Veteran specify WAR

(a) Residence: No. 3112 O'Donnell St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary E Jay

6. DATE OF BIRTH (month, day, year): June 1875

7. AGE: Years 62 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Randolph Jay

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Smith

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mary E. Jay 3112 E. O'Donnell

18. BURIAL, CREMATION, OR REMOVAL: Pine Lawn Pk Date Mar. 19, 1938

19. UNDERTAKER (Address): John A. Tynan 3000 E. Baltimore St.

20. FILED ... 19... Registrar.

17-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/15/1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1937 to March 15 1938

I last saw him alive on March 15 1938. Death is said to have occurred on the date stated above, at 4 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony F Ozzo M. D.

(Address) 5217 York Rd

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

14917 ✓ F 14917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Bretton Pl. St. 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Regenia L. Waterhouse

If U. S. Veteran specify WAR .....

(a) Residence: No. 404 Bretton Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Waterhouse

6. DATE OF BIRTH (month, day, year) Apr 21 1868

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	10 11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home d°

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. d°

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME James Gollens

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Kate Carroll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Edw. Bolgan

(Address) 404 Bretton Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/18/ 1938

19. UNDERTAKER John J. Doran

(Address) 3002 E. Baltimore

20. FILED Mar 17 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936 to March 16, 1938

I last saw her alive on March 16 1938 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
I Coxa with Gastric	Aug
Obstruction	1937
Other contributory causes of importance:	
Carcinoma of Left	Jan
breast	1936

Was an operation performed? yes Date of Apr 1936

For what disease or injury? Carcinoma Left Breast

Name of operation Amputation of Breast

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William J. Straughn M. D.

(Address) 10 E. Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44918

CERTIFICATE OF DEATH

186-a F 44918

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Joseph Butler

If U. S. Veteran specify WAR

(a) Residence: No. 307 E. 22 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Butler

6. DATE OF BIRTH (month, day, year) April 1, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 3/14/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll, Md.

FATHER

13. NAME Wilbur F. Butler

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sara Cameron

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Anna E. Butler

(Address) 307 E. 22 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/17/38

19. UNDERTAKER Wm. H. Tuppeny & Son

(Address) 847 E. Fort Ave.

19 Huntington, Williamsport, Md.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Liver	
Fracture of left femur	
Internal injuries	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/14, 1938

Where did injury occur? Bethlehem Co. Sparrows Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Fell in ditch Concrete Mix

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Hall Carnes M. D. Coroner

(Address) 1215 Harris Bldg

MAR 17 1938

OCCUPATION is very important. See instructions on back of certificate.

F 11913

HEALTH DEPARTMENT—CITY OF BALTIMORE

11913 × 154

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12 — Ward) 5

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR –

2. FULL NAME John M. Meronsky

(a) Residence: No. ..... St., ... Ward. Kingston, Penna.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha C. Meronsky

6. DATE OF BIRTH (month, day, year) May 23, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 11-3-37

11. Total time (years) spent in this occupation – –

12. BIRTHPLACE (city or town) (State or country) Wilkes Barre, Pa.

FATHER

13. NAME John Meronsky

14. BIRTHPLACE (city or town) (State or country) Wilkes Barre, Pa.

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Luceme, Pa.

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date March 18 1938

19. UNDERTAKER E. Leroy Stafflet, Inc.
(Address) 125 E. North Ave.

20. FILED R 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1938 to March 15, 1938

I last saw him alive on March 15, 1938 Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, chronic, frontal bone	Feb. 1938
Sinusitis, chronic, suppurative	"
Meningitis, acute, suppurative	March 8, 1938
Other contributory causes of importance:	

Was an operation performed? yes Date of see other side

For what disease or injury? Sinusitis, osteomyelitis.

Name of operation see other side

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. M. H. a. dewn. M. D.

(Address) U. S. Marine Hospital, Balto. Md/6

OCCUPATION is very important. See instructions on back of certificate.

F 44920

44920 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

CGK--28775 23

348 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME Samuel Ramsay (Norfolk J. Leadbetter)

(a) Residence: No. 711 Dover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annabelle

6. DATE OF BIRTH (month, day, year) Aug. 10, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ralph

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Inez

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mat Cemetery Date March 18 1938

19. UNDERTAKER Joseph A. Lipsky
(Address) 1409 N. Smallwood Street

20. FILED Huntington Williams M.D. Registrar.

17 1938 8 H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937 to March 14, 1938

I last saw him alive on March 14, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	July 1932

Other contributory causes of importance: Over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

11921 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11921

CERTIFICATE OF DEATH

Dr. Geo. Knipp

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 775 Linnard St., 16-8 Ward) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose I. Gilboy

If U. S. Veteran specify WAR

(a) Residence: No. 775 Linnard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2nd 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Morton Gilboy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Jordan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose I. Reilly

(Address) 775 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date 3/19/38

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED MAR 17 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1936 to Mar 16 1938

I last saw her alive on Mar. 15 1938 Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis.	1935
Other contributory causes of importance: Cardiac failure	3/16/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Knipp M. D.

(Address) 3030 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 44922

HEALTH DEPARTMENT—CITY OF BALTIMORE

44922

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Jenkins Memorial Hosp 6-8

CITY OF BALTIMORE: No. 1000 Eaton Ave. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella F. Quinn

(a) Residence: No. 608 Augusta Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dec. 24

6. DATE OF BIRTH (month, day, year) Dec 24, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 Yrs.	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Vet. Bureau

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Martin Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Mulry

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Jenkins Memorial Hosp 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/18 38

19. UNDERTAKER (Address) Vernon Lemmon 4611 Park Heights Huntington Williams Nat

3 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 2 - 1 1937 to 3 - 16 1938

I last saw her alive on 3 - 16 1938 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	?
Adenoma Thyroid	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaufs M. D.

(Address) St. Agnes Hospital

State cause of death in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

1923 V F 1923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 W Mulberry St.) (17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ward

(a) Residence: No. 648 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saml Ward

6. DATE OF BIRTH (month, day, year) — 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monroe Md

FATHER

13. NAME Washington Wheatley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Wheatley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel Ward (Son)

(Address) 648 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Christfield Md Date 3/20/38 19

19. UNDERTAKER Elroy C Watson

(Address) 1000 Brandley ave.

20. FILED 19 Registrar.

MAR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Vascular Renal	about Feb 10 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If (so) specify

(Signed) George L. Allen, M. D.
(Coroner)

(Address) 50 Pennsylvania Ave

State CAUSE OF DEATH in plain terms. It is not sufficient to say "Heart Failure," "Paralysis," "Convulsions," "Cancer," "Consumption," "Old Age," "Senility," "Infirmities of Age," "Natural Causes," "Accident," "Drowning," "Fracture," "Homicide," "Suicide," "Burns," "Found Dead," "Unknown," "Coroner's Case," "Pending Inquest," or "Pending Autopsy." OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 14924

1924 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Fulton Ave 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos C. Quinn

If U. S. Veteran specify WAR .....

(a) Residence: No. 525 S. Fulton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Louise Quinn

6. DATE OF BIRTH (month, day, year) August 20-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stayer Upt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. finisher

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Delia Lester

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Alma Louise Quinn

(Address) 525 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19. 1938

19. UNDERTAKER George L. Lehnert

(Address) 2101 Frederick Ave

R 17938 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1938, to 3/15, 1938

I last saw h m alive on 3/15, 1938 Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/7/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold S. Slaughter M. D.

(Address) 1945 N. Balto. St.

✓ F 44925

14925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-2 Ward) Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Florence Long

(a) Residence: No. 1925 N. Patterson Pk. Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Long

6. DATE OF BIRTH (month, day, year) November 25-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Hutchins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lee

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Long

(Address) 1925 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Nov. 18 1937

19. UNDERTAKER George J. Schmidt

(Address) 2169 Frederick Ave.

FILED 19 Registrar.

171936

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of body	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 15 1938

Where did injury occur? 1925 Patterson Pk. Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes caught on fire

Nature of injury Burns all over body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schaefer M. D.

Coroner

(Address) 1719 N. Patterson Ave.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

O.K. - Paul Schenck, M.D.

14926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14926

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Levy Hospital 13 - 2 Ward) Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Edward Hurlbaugh

If U.S Veteran specify WAR ... No.

(a) Residence: No. 2119 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emanuel Hurlbaugh

6. DATE OF BIRTH (month, day, year): Sept 12 1868

7. AGE: Years 69 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Jacob Haas

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Babette Hurlbaugh

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. Emanuel Hurlbaugh 2119 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery Date 3/18/38

19. UNDERTAKER (Address): J. Ahrens & Co 2432 Eastern Ave

Huntington Williams, Registrar

R 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938 to March 17, 1938

I last saw ... alive on March 17, 1938 Death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Bronchopneumonia	
Hypertension	1936

Other contributory causes of importance: Fracture Rt. Humerus | 1938

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Mar 5, 1938

Where did injury occur? Home - 2119 Linden Ave Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fell on floor

Nature of injury: Fracture of right humerus

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14927 CERTIFICATE OF DEATH 186 F 14927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 North Bond Street St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ELLEN M. BROOKS

(a) Residence: No. 1401 North Bond Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (or) WIFE of Thomas Brooks

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Foley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Francis Recob 1401 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Mar. 18 1938

19. UNDERTAKER (Address) Chas. E. Davis Sons Inc 1111 W. Fort Royal Ave

20. FILED MAR 7 1938 Eugene Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 to March 15, 1938

I last saw h[er] alive on March 15, 1938 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Cerebral Embolism	June 1937
Fractured Left Hip	July 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 27 1937

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. P. Silverly M. D.

(Address) 2939 W. Cold Spring Ln

4928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 4928

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Borgia Carew

If U. S. Veteran specify WAR

(a) Residence: No. Mt. St. Joseph's College St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher of 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Johns Newfoundland

FATHER

13. NAME Thomas Carew

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Furlong

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Records Mt St. Joseph's College Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/19/38

19. UNDERTAKER (Address) Chas F. Fraue & Son Inc 118 W Mt Royal Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/38

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1938 to 3-16 1938

I last saw him alive on 3-10 1938 Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal Diseases	?

Other contributory causes of importance:

Senile arteriosclerosis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) T. Hart CSSR M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

R 17 1938

F 44929

44929 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 99 Wilmer Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Washington

(a) Residence: No. 99 Wilmer Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Washington

6. DATE OF BIRTH (month, day, year) March 5 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, Louisiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isaac Washington

(Address) 99 Wilmer Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Date 3 19 35

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D. Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 18 1938

14930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14930

CERTIFICATE OF DEATH

Registered No. 140

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hazel Elizabeth Shelton — If U. S. Veteran specify WAR NONE.

(a) Residence: No. 403 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Carroll B. Shelton

6. DATE OF BIRTH (month, day, year): About 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 27	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Wythe Co. Virginia

FATHER

13. NAME: Booker Souddle
14. BIRTHPLACE (city or town) (State or country): Wythe Co Va.

MOTHER

15. MAIDEN NAME: Mary King
16. BIRTHPLACE (city or town) (State or country): Wythe Co Va.

17. INFORMANT: Mr Carroll B. Shelton (Husband)
(Address) 703 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Crockett Va. Date: March 18 1938

19. UNDERTAKER: Howard M. Conn Co.
(Address) 1018 W. Pratt Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) but that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Abortion (probably self-produced)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schmidt M. D. Coroner

(Address) 1919 E. Monument Ave.

MAR 18 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Carlisle Ave St., 15-8 Ward)

Registered No. F 44931

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel M. Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3414 Carlisle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma L. Parker

6. DATE OF BIRTH (month, day, year) Dec 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME William A. Parker

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT Mrs. Emma L. Parker
(Address) 3414 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 3/19/38 1938

19. UNDERTAKER Isaac C. Fryer
(Address) 16 E. Lanvale St

Huntington Williams, Registrar

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1933 to March 4 1938

I last saw him alive on March 3 1938 Death is said to have occurred on the date stated above, at 2-10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypernephritis	1930
Other contributory causes of importance: Angina Pectoris	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. W. Hemmeter, M. D.
(Address) 3002 Harrison Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14932

CERTIFICATE OF DEATH

31175 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-5-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Saunders,

If U. S. Veteran specify WAR .....

(a) Residence: No. 123 N. Bond Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12/2/1937 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Walter Dickens

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Edna Mae Saunders

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Mar 14th 1938

19. UNDERTAKER Elroy O Wilson

(Address) 1001 Brantley Ave

20. FILED ..... 19 ..... Registrar

MAR 18 1938 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1938 to 3-16 1938

I last saw her alive on 3-16 1938. Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Whooping Cough.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Frad Kerr M. D.

(Address) Baltimore City Hosp.

F 14933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14933

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. Hamburg St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Sweet

If U. S. Veteran specify WAR

(a) Residence: No. 702 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sudie V. Beans.

6. DATE OF BIRTH (month, day, year) Jan. 1st 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 1873

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas. D. Sweet.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ann. V. Day.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT MRS SUDIE V BEANS
(Address) 702 W. HAMBURG St.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park. Date 3-19th 1938

19. UNDERTAKER Bernard C. Harle.
(Address) 121 E. West St

20. FILED ... 19 ...

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH. 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1938 to March 15 1938

I last saw him alive on March 15 1938 Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebro-vascular hemorrhage.	1 day
Cerebral Hemorrhage.	1 day
Other contributory causes of importance: cardiac decompensation	1 day

Was an operation performed? no Date of ...

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? clinical Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of Injury ... 19 ...

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of Injury -

Nature of Injury -

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) F. T. Green M. D.

(Address) 3321 Fleet Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11931 HEALTH DEPARTMENT—CITY OF BALTIMORE 11931

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 604 Tunbridge Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. McKinley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 604 Tunbridge Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph F. S. McKinley

6. DATE OF BIRTH (month, day, year) June 4th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Heurichs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen Bruehl

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret E. Lowery
(Address) 604 Tunbridge Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Busby Interment Govans Date Mar 16th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. COLORED [illegible] Md. Dr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1938 to Mar 16 1938

I last saw her alive on Mar 16 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Chr Myocarditis	1937
Other contributory causes of importance	
Senility	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Bishop, M. D.

(Address) 501-503 Sheridan Av

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14935

CERTIFICATE OF DEATH

82-B F 14935

Registered, No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4720 Falls Road St., 27-15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Thompson

(a) Residence: No. 4720 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Boland

6. DATE OF BIRTH (month, day, year) 12-4-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME Wesley Moore

14. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER

15. MAIDEN NAME Lottie Jones

16. BIRTHPLACE (city or town) (State or country) Pikesville Md

17. INFORMANT Chas. Moore (Address) 4720 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3-18-38

19. UNDERTAKER Mrs Lee N Boland (Address) 1631 Druid Hill Ave

Filed MAR 18 1938 Interim For Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938 to Mar 16, 1938

I last saw h[illegible] alive on Mar 15, 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Thrombosis	3/14/38
Other contributory causes of importance: Arthritis	2/6/38

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. D Keller M. D.

(Address) 722 W. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14936 F 14936

CERTIFICATE OF DEATH

√ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Park Ave St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Rachel Manokey

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) ? 1862

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Geneva Nelson

(Address) 904 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Pk. Date 3-18 1938

19. UNDERTAKER Mrs George N. Holland

(Address) 1691 Pennsylvania Ave

MAR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-38 19

22. I HEREBY CERTIFY That I attended deceased from Feb 15 19 38 to March 16 19 38

I last saw her alive on March 16 19 38 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardetis	
Hypertension	
Arterio Sclerosis	Indefinite

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Woody M. D.

(Address) 1403 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14937

CERTIFICATE OF DEATH

108 F 14937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 N. Mount St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Edwards.

If U. S. Veteran specify WAR

(a) Residence: No. 828 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno Edwards

6. DATE OF BIRTH (month, day, year) 3-1-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Porto Rico

FATHER

13. NAME Jas. Earle

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Annie Porter

(Address) 828 N. Mount st

18. BURIAL, CREMATION, OR REMOVAL

Place Ridge Lawn N. C. Date 3-18-38 19

19. UNDERTAKER Jno Geo N. Holland

(Address) 1631 Druid Hill Ave

20. FILED MAR 18 1938 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13th, 1938 to Mar. 16, 1938

I last saw her alive on Mar. 16, 1938 Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/11/38

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Lipscomb M. D.

(Address) 1536 W. Lafayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 44938 S. A. Dodds Med Arts Bldg 54-D F 44938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Clifton Ave., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carey A. Wright

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3800 Clifton Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~

6. DATE OF BIRTH (month, day, year) May 19th 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant 208

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Owners Loan

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Akron Ohio

FATHER

13. NAME William H. Wright

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

MOTHER

15. MAIDEN NAME Gertrude C. Z.

16. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

17. INFORMANT Gertrude C Wright

(Address) 3800 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 18th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAR 18 1938

FILED Huntington Williams Jr

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb-25, 1938 to Mar 16, 1938

I last saw him alive on Mar 16, 1938 Death is said to have occurred on the date stated above, 345 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lt hemiplegia with extending paralysis - due to Brain disease - probably tumor (basal)	Feb 10
Other contributory causes of importance Pneumonia Edema (terminal)	48 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) S. A. Dodds M. D.

(Address) 317 Medical Arts Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 9

14939

HEALTH DEPARTMENT—CITY OF BALTIMORE

14939

CERTIFICATE OF DEATH

31427 (MB)

5-2-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Harman

If U. S. Veteran, specify WAR. See Record.

(a) Residence: No. 219 N. High St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Ollie) Ella Harman

6. DATE OF BIRTH (month, day, year) 10/8/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George (d)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Summers (d)

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Balto. Co. Md. Date Mar 18th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAR 18 1938 Huntington Williams Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 12, 1938.

I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 44940

14940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. McMechen St. 14 Ward)

Length of residence in city or town where death occurred 28 How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary J. Connally

(a) Residence: No. 125 N. McMechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Connally

6. DATE OF BIRTH (month, day, year) about 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Virginia Crowder

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Amanda Connally

16. BIRTHPLACE (city or town) (State or country) Harrisonburg, Virginia

17. INFORMANT Agnes Connally
(Address) 125 N. McMechen St

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Cemetery Date May 19th 1938

19. UNDERTAKER J. M. Cook
(Address) 1217 St. Paul St

20. FILED 19 Registrar

MAY 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Influenza	

Other contributory causes of importance: Arteriosclerosis, Chronic Bronchitis,

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Kaufmann, M. D.
Coroner

(Address) 711 Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5-6

E 75137 ✓ F 14941

F 14941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., — Ward)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR Ms Record

2. FULL NAME John Gregory Jordan

(a) Residence: No. 2024 Mc Elderry St., (Rear) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 5th 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Lawrence Vance Jordan

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Evelyn Getner

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs Evelyn Jordan
(Address) 2024 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date Mar 17th 1938

19. UNDERTAKER Wm Cook
(Address) 217 E. Fayette St

20. FILED Mar 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schwartz, M. D.
Coroner

(Address) 1911 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

44942 HEALTH DEPARTMENT—CITY OF BALTIMORE 44942

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Terrill Place E-6 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida M Mills

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1728 Terrill Place St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas A Mills

6. DATE OF BIRTH (month, day, year): Feb 22 1860

7. AGE — Years: 78 | Months: 0 | Days: 24 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Williams D Brooks

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary C Buckingham

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: E J Mills
(Address) Middle River Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 19 1938

19. UNDERTAKER: Wm Cook
(Address) 1217 E. Pratt St

20. FILED Mar 19 1938 E. Williams Registrar

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1938 to March 16 1938

I last saw her alive on March 16 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, where?

(Signed) C J Peterson M.D. M. D.

(Address) 1305 N Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

14943

E 14943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Hollins St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Ellen Bruce

(a) Residence: No. 1432 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H Bruce

6. DATE OF BIRTH (month, day, year) Oct 9 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 78	6 5	14 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Carroll Co

MOTHER

15. MAIDEN NAME Margaret Bellson

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Rev Alfred Holtz

(Address) 1432 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cem Date Mar 3 18 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Mar 15
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Hanna M. D.

(Address) 1822 W Balto Coroner

MAR 18 1938

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14914 12/ F 14914

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Hannah Forbeck

(a) Residence: No. 1023 Castle St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Edgar A Forbeck

6. DATE OF BIRTH (month, day, year) Nov 26-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perry Hall Md

FATHER

13. NAME Wm H Langham

14. BIRTHPLACE (city or town) (State or country) Perry Hall Md

MOTHER

15. MAIDEN NAME Jennie Londye

16. BIRTHPLACE (city or town) (State or country) New Cumberland Penna

17. INFORMANT Edgar A Forbeck

(Address) 1023 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/21 1938

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED MAR 18 1938 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1938, to 3/17 1938

I last saw her alive on 3/16 1938. Death is said to have occurred on the date stated above, at 8:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicular abscess	
Embolism	

Other contributory causes of importance:

Was an operation performed? yes Date of 2/25/38

For what disease or injury? Appendicular abscess

Name of operation Appendectomy

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsch M. D.

(Address) Bon Secours Hosp

Instructions: Fill in all items, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14945

CERTIFICATE OF DEATH

92-W F 14945

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 North Ave 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Blanche McNeil

If U. S Veteran specify WAR

(a) Residence: No. 2212 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh McNeil Jr.

6. DATE OF BIRTH (month, day, year) Aug 7-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm F. Crook

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Mary K Shilling

16. BIRTHPLACE (city or town) (State or country) Hanover Co Va

17. INFORMANT Hugh McNeil Jr.

(Address) 2212 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 19 1938

19. UNDERTAKER Portmans Bros

(Address) 2224 N Charles St

20. FILED Huntington Williams, Jr. Registrar

AR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to April 17 1938

I last saw her alive on March 16 1938. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1924
Mitral Stenosis - Auricular Fibrillation	1926
Coronary Thrombosis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phy. Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo Phillips M. D.

(Address) 2224 W. North Ave

Information should be entered by typewriter or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

3 4217 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14946 CERTIFICATE OF DEATH 51-B F 14946

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Yoe

If U. S. Veteran specify WAR

(a) Residence: No. 331 N. Front St., Ward. Reading Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Yoe

6. DATE OF BIRTH (month, day, year) 8-19-69

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Edward Yoe

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Haas

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Reading Pa. Date Mar 22 1938

19. UNDERTAKER Wm J. Tobias & Sons

(Address) N. 5th St Reading Pa

19. FILED MAR 18 1938 Huntington W. Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938 to March 18, 1938

I last saw him alive on March 18 1938 Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Bladder Tumor, Urinary Infiltrating — Mar 18 1938

Urinary Tract Infection — " "

Urosepsis — " "

Bronchial Pneumonia — " "

Other contributory causes of importance:

Diabetes Mellitus

Arteriosclerosis, generalized

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Cystoscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl E. Burkland M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14917 F 14917

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 345 Ward) 11 46-B Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Boerner

If U. S. Veteran specify WAR

(a) Residence: No. 3611 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna V. Boerner

6. DATE OF BIRTH (month, day, year) June 15. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9 8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Shoe

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Boerner Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Lemmerich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna Boerner
(Address) 3611 Copley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 21 38

19. UNDERTAKER John Ullman
(Address) 2008 Orleans St

20. FILED MAR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15-38. 19 to 3-17-38. 19

I last saw h/in alive on 3-17-38. 19 Death is said to have occurred on the date stated above, at 10 47 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of stomach	
Other contributory causes of importance	

Was an operation performed? Yes Date of 3-15-38

For what disease or injury? Ca of stomach

Name of operation gastro-enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V5 3

F 44948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

14948

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Hollins St St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura N. Warren

(a) Residence: No. 1122 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard R. Warren

6. DATE OF BIRTH (month, day, year) Jan. 23, 1897.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shepherdstown W.Va.

FATHER

13. NAME David W. Myers

14. BIRTHPLACE (city or town) (State or country) Halltown W. Va.

MOTHER

15. MAIDEN NAME Mary A. E. Hoffmaster

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT Mrs. Rose E. Harris

(Address) 1122 Hollins St.,

18. BURIAL, CREMATION, OR REMOVAL

Place WOODLAWN Date MAR. 18 1938

19. UNDERTAKER Frederick A. Pole

(Address) 1200 W Lombard St

Huntington Williamsburg N.Y.

20. FILED

MAR 18 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar.16 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	Mar.16
Other contributory causes of importance: Cancer of Rectum	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Mar 16 1938

Where did injury occur? 1122 Hollins St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaled illuminating Gas

Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin Hanna M. D. Coroner

(Address) 1822 W. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 14949

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Leo Kelly

(a) Residence: No. 4210 LaSalle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline M. Kiel

6. DATE OF BIRTH (month, day, year) 10/23/1891

7. AGE Years	Months	Days	If LESS than 1 day, # hrs. or min.
46	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pc 78

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Lynch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Pauline Kelly (Wife)

(Address) 4210 LaSalle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/19/38, 19

19. UNDERTAKER George Pierce J. Ruth, Inc.

(Address) 1735 Hanford Ave

Registered 19 Huntington Williams M.D.

Registrar

MAR 19 1938

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel M. Wolfe M. D.

(Address) (331) North Ave Coroner

N. B.—WRITE PLAINLY. Without complete information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14950 — CERTIFICATE OF DEATH — 122-F 14950

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.
If U. S. Veteran specify WAR

2. FULL NAME Mamo Henry Harris
(a) Residence: No. 313 Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Harris

6. DATE OF BIRTH (month, day, year): October 15, 1889

7. AGE: Years 48 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Saluda Va

FATHER
13. NAME: Chas F Harris
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Catherine Cotten
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Mary Harris
(Address) 313 Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Cem. Date: Mar. 21 1938

19. UNDERTAKER: Asbephus Halstead
Address: 952 Druid Hill Ave.

MAR 18 1938 — Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 16 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Mar 14 1938
Gangrene of Ileum	

Other contributory causes of importance:

Was an operation performed? Date of Mar 16-38
For what disease or injury? Intestinal Obstruction
Name of operation Resection Date of 3-16-38
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L. Allen M. D.
(Address) 1 Mercantile Bldg. Toronto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11951 — 34 - E 3 - 6 — F 11951

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Gertrude Schulenberg — If U. S. Veteran specify WAR

(a) Residence: No. Belmont Ave. Woodlawn St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Philip Schulenberg

6. DATE OF BIRTH (month, day, year) Jan. 29 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~65~~	46	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafeteria worker 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafeteria - School

10. Date deceased last worked at this occupation (month and year) March 1938

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. W. Zeilich
(Address) Windsor Mill Rd. - Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 19 '38

19. UNDERTAKER C. R. Lawrence
(Address) 1003 W. Baltimore St.

20. FILED ..... 19....

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-8-38, 1938, to 3-17, 1938

I last saw h... alive on 3-17 1938. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid haemorrhage	3-8-38
Other contributory causes of importance:	
Syphilis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry W. Wiese, M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44952 — CERTIFICATE OF DEATH — 107-a F 44952

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rachemie M Sabo — If U. S. Veteran specify WAR .....

(a) Residence: No. 417 S Vincent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Michael Sabo

6. DATE OF BIRTH (month, day, year) June 14 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary.

FATHER

13. NAME Andy Sabo

14. BIRTHPLACE (city or town) (State or country) Austria Hungary.

MOTHER

15. MAIDEN NAME Barbbia Martin

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Michael Sabo (Address) 417 S Vincent St.

18. BURIAL, CREMATION, OR REMOVAL Place Westim Date March 19 38

19. UNDERTAKER Harry H Witzke (Address) 1101 Edmondson Ave

20. FILED MAR 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/8/38. 19 to 3/16/38. 19

I last saw h[illegible] alive on 3/16/38. 19. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/8/38

Other contributory causes of importance: Hypostatic — Date of onset ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? C

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14953 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14953

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bayview City Hospitals 186-a

CITY OF BALTIMORE: (No. Bay View St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Collins

If U. S. Veteran specify WAR.

(a) Residence: No. 906 S. Dean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 years past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Daniel Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mid Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daniel Collins | Nephew

(Address) 906 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 21 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. Wolfe St.

20. FILED 19 By Williams Reg. No.

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest / Autopsy or Inquiry)

(Inquest / Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	May
Amputation Mid Thigh	March
Right Leg Gangrene	5-1938
	April

Other contributory causes of importance: Fracture Neck right femur

Was an operation performed? Yes Date March 5 1938

For what disease or injury? Gangrene right leg

Name of operation. Amputation Date of March 5 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 1. 1936

Where did injury occur? 906 S. Dean St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Wood M. D. (Attending)

(Address) 111 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14954

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Edgewood St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Eiring

If U. S. Veteran specify WAR

(a) Residence: No. 605 N. Edgewood St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Henry Eiring

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	12		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Herold.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Walburga ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Schwartzman
(Address) 28 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mch. 19 1938

19. UNDERTAKER Lilly-Zuiler Co.
(Address) 433 S. Mosher St.

20. FILED MAR 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 16th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 1938 to March 16 1938

I last saw her alive on March 14 1938. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/12
Other conditions giving rise to the above cause: Uremia & Dyspnea	3/10

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Wm. D. Stuart M. D.

(Address) 701 N. Kenwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14955

HEALTH DEPARTMENT—CITY OF BALTIMORE

14955

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bo Balto Gen Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Degano

If U. S. Veteran specify WAR

(a) Residence: No. 726 E. 23 RD St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maddalen Degano

6. DATE OF BIRTH (month, day, year) April 19 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Degano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mutapese

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maddalen Degano

(Address) 726 E. 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 21 38

19. UNDERTAKER Albert W Deregan

(Address) 440 E North Ave

20. FILED MAR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1937 to 3-17 1938

I last saw him alive on 3-17 1938 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
& Metastases to Lungs and Brain	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-9-37

For what disease or injury? Ca of Bladder

Name of operation Coagulation of Bl. tumor

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elston Resnick M. D.

(Address) Bo. Balto Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14956

HEALTH DEPARTMENT—CITY OF BALTIMORE

14956

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Matthews St., 9-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Botzler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3002 Matthews St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 9 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard S. Botzler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Barbara Loskork

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT (Address) Howard S. Botzler 3002 Matthews St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar. 18 '38 19

19. UNDERTAKER (Address) N. W. Perego & Bro. 440 E. North Ave.

20. FILED MAR 18 1938 19 Huntington Woods Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1938

I HEREBY CERTIFY, That I attended deceased from March 16 1938 to March 17 1938

I last saw h.... alive on March 17 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/1/38
Other contributory causes of importance:	
Cardiac Paralysis	3/17/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William F. Ryan M. D.

(Address) 831 Hollins

Information should be carefully supplied, and, if any question is not properly answered, that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44957

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Spencer

(a) Residence: No. 351 Ward St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Not Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Charles Spencer

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Jennie Spencer

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ambulance #5

(Address) 4 E. Chase St. Apt. 6

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School MAR 18 1938

Place 19

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. FILED MAR 18 1938 Registrar 3386

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	day

Other contributory causes of importance:

Arterio-sclerosis, Endocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. H. Wood, M. D. Coroner

(Address) 111 E. Lexington St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 14958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14958

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Un Known

(a) Residence: No. Un Known St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JONES HOPKINS MEDICAL SCHOOL MAR 18 1938 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... Registrar

MAR 18 1938

V S 6

388; 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest) find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 11, 1938 19

Where did injury occur? Wash. Bulv. Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Struck by Auto. walking in Road at Sulpaur Spring Rd. & Wash. Bulv.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. C. Allen M. D.
Coroner

(Address) 2757 Wash. Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11959

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward White

(a) Residence: No. Lanvale Bethel St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 3D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans
(State or country) La.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) New Orleans
(State or country) La.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) New Orleans
(State or country) La.

17. INFORMANT Sister in New Orleans
(Address) Has to obtain info.

18. BURIAL, CREMATION, OR REMOVAL Med. School MAR 13 1938
Place Date 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Endocarditis	time
Other contributory causes of importance: Arteriosclerosis	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. W. Reed, M. D.
(Coroner)

(Address) 712 N. Howard St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

3383

F 44960

44960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1407 E Fairmount Ave

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elenza Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1407 E Fairmount Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emmett Jones

6. DATE OF BIRTH (month, day, year) 1879

7. AGE: Years 58 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Winston Faucets

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Hart

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Richard Jones

(Address) 310 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem 3-19 1938

19. UNDERTAKER Boyd & Mamie Taylor

(Address) 1280 W Baltimore St

20. FILED ..... 19 .....

Registrar.

MAR 18 1938

Huntington Williams Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1938 to 3-16 1938

I last saw h[illegible] alive on 3-16 1938 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/12/38
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (Yes or no) specify .....

(Signed) George S. Allen M. D.

(Address) 507 Lexington St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14961 — CERTIFICATE OF DEATH — V183 — F 14961

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Pier 9 Port Covington St. 24th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley P. Dormer. If U. S. Veteran specify WAR

(a) Residence: No. 1 Lawrence St. Yonkers N.Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	----------	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motor Ship City of New York.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yonkers, N. Y.

FATHER

13. NAME John Dormer.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Annie Stanley.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT John Dormer. (father)
(Address) 1 Lawrence St. Yonkers N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 19th 38

19. UNDERTAKER Leo J. Legg
(Address) 1703 N. Patterson Park Ave

MAR 18 1938 — 19 — Huntington W. Va. — 3/18/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing Jan. 24, 1938 Found Mch. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D. Coroner

(Address) 1017 S. Charles St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH South Balto. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles R. Klosterman

(a) Residence: No. 1903 Gwynns Falls Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Ellis

6. DATE OF BIRTH (month, day, year) August 14, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER

13. NAME Charles Klosterman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charlotte E. Klosterman
(Address) 1903 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 3/21/38

19. UNDERTAKER Hardy & Myers
(Address) 505 N. Carey St.

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1938, to 3-17, 1938

I last saw him alive on 3-17, 1938 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	2
Arteriosclerotic Cardiovascular Disease	2
Hypostatic Bronchopneumonia	2
Other contributory causes of importance:	2
Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Kroll M. D.

(Address) South Balto. Gen. Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R18 1538

14

E 14963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14963

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 27-18 Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Maples

If U. S. Veteran specify WAR .....

(a) Residence: No. 4900 Beaufort Ave St., B3 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 6, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chester Meyles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Russell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Medical School MAR 18 1938

Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED MAR 18 1938 Huntington Williams Registrar.

38350 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938 to March 6, 1938

I last saw her alive on March 6, 1938 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E Bellis M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14964

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J.Geo. Grant

(a) Residence: No. 1637 N.Spring St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 60+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Dr Breit

(Address) 1222 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/19 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5, o, 7, Ribs on R.Side	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 9, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walked from Sidewalk and was struck by Auto.

Nature of injury Lombard St between Gay & Frederick St

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H.H. Bradley M. D.

(Address) 2757 W. North Ave.

V S 6

X-E. WRITE PLAINLY. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44965

F 44965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No.

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ida Holland

(a) Residence: No. 638 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5 - 03

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ambrose Holland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgiana Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nancy Holland

(Address) 638 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/21 58 19

19. UNDERTAKER William A Tarbar

(Address) 716 Penna Ave

Filed 19 Registrar

MAR 18 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2 days
Other contributory causes of importance: Pulmonary cerebral hemorrhage	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there no autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. T. Wood, M. D. Coroner

(Address) 1711 N. Stricker St

N. B.—WHILE PLACE, WITH CAREFUL ATTENTION TO DETAIL, AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14966

CERTIFICATE OF DEATH

XV 46-f

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospt Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ? ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Addie Foxwell

If U. S. Veteran specify WAR

(a) Residence: No. Laurel Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Lloyd

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Foxwell

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date 3/21 1938

19. UNDERTAKER Bridgley Hobbs

(Address) Laurel Md

20. FILED ..... 19..... Registrar.

MAR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1938 to 3-18 1938

I last saw h[illegible] alive on 3-18 1938 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-15-38

For what disease or injury?

Name of operation Exploratory Lap

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald M D.

(Address) Md. Gen'l. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 11967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11967

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 w Lafayette St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Major Faulcar

If U. S. Veteran specify WAR

(a) Residence: No. 837 w Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 23-1919

7. AGE: Years 18 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter 707

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jerry Faulcar

14. BIRTHPLACE (city or town) (State or country): Dickerson Md

MOTHER

15. MAIDEN NAME: Collie Graham

16. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

17. INFORMANT: Jerry Faulcar
(Address) 837 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg Md Date March 18 1938

19. UNDERTAKER: Clarence H Davis.
(Address) Poolesville Md

Huntington Williams, Jr.
Registrar

MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia Relapse	3/1/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44968

CERTIFICATE OF DEATH

131 F 44968

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Sheffield

(a) Residence: No. 6 Poor Lady Smith's Preston & Valley Sts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Sheffield

6. DATE OF BIRTH (month, day, year) Aug 14 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Francis Summers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine McKenna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Patient Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL Place Frederick, Md Date 3/21 1938

19. UNDERTAKER Rita Windfield (Address) 914 Greenmount Ave

Huntington Williamsport, Md

20. FILED MAR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1938 to 3-18- 1938

I last saw h alive on 3-18- 1938 Death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	18 days
Bronchopneumonia	10 days
Chronic nephritis	?

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. M. Warfield M. D.

(Address) Sydenham Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

943 F 14969

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 E. Hamilton Ave. St., 27th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James J. Clement

(a) Residence: No. 2411 E. Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Praxeda Clement

6. DATE OF BIRTH (month, day, year) Oct. 9, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York.

FATHER

13. NAME Edward Clement

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie Dereszewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Praxeda Clement 2411 E. Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislas Date 3/21/38

19. UNDERTAKER (Address) Leonard J. Ruck 5305 Harford Rd.

20. FILED MAR 19 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17/38

22. I HEREBY CERTIFY, That I took charge of the remains described above, said an Injury (Injury or Accident or Industry) thereto and that the accident happened on [illegible] and that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz M. D.

(Address) 1917 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE INFORMATION REQUIRED IN THIS CERTIFICATE MUST BE STATED EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44970 — CERTIFICATE OF DEATH — 95-BF 44970

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Guilford Avenue St., 12-7 Ward)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia W. Harrigan

If U.S. Veteran specify WAR

(a) Residence: No. 2920 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mark J. Harrigan

6. DATE OF BIRTH (month, day, year): Dec. 25, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: ------ Wallace

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: Margaret O'Dougherty

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Miss Cecilia S. Harrigan
(Address) 2920 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: 3/21 19 38

19. UNDERTAKER: Henry C. Meads and Son
(Address) 805 N. Calvert St.

MAR 19 1938

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-18- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4- 1938 to 3-18- 1938

I last saw her alive on 3/18/ 1938 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio renal.	
Insufficiency, uremia	
general Arteriosclerosis	5 yrs.
Other contributory causes of importance:	
Coronary Embolism	—
Fatal only	

Was an operation performed? Date

For what disease or injury?

What test confirmed diagnosis? Ky. F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Shaw M. D.
(Address) 804 Cathedral St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14971

CERTIFICATE OF DEATH

116

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 1205 Battery Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Wagner

6. DATE OF BIRTH (month, day, year) May 9th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George C. Schwolow

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna M. Hilz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George M. Wagner

(Address) 1205 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 3-21st 1938

19. UNDERTAKER Bernard C. Harle

(Address) 121 E West St

20. FILED MAR 19 1938 E. Wm. Registrar

MAR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Ruptured varix of oesophagus	
Other contributory causes of importance: Hemorrhage	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.

(Address) 1417 E. North Ave.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14972 — CERTIFICATE OF DEATH — 50 F 14972

1. PLACE OF DEATH — CGK--31692 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriet Graves — If U. S. Veteran specify WAR

(a) Residence: No. 104 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5-3-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. H.

FATHER

13. NAME Augustus Grimes

14. BIRTHPLACE (city or town) (State or country) N. H.

MOTHER

15. MAIDEN NAME Louisa Ballou

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cems. Date Mar 21/38

19. UNDERTAKER Stewart & Mowen Company (Address) 105 W. North Ave.

20. FILED MAR 19 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-16-1938 to 3-18-1938

I last saw h.SY. alive on 3-18-1938. Death is said to have occurred on the date stated above, at 8'15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast with metastasis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyell Woodward Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44973

CERTIFICATE OF DEATH

1860 F 44973

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-K Ward)

Length of residence in city or town where death occurred 15 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? 70 yrs. 8 mos. 27 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Caroline Winder West Cowman

(a) Residence: No. 1028 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Cowman

6. DATE OF BIRTH (month, day, year): June 18 1867

7. AGE: ~~Under 1 day~~ 70 Years | Months 08 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Washington Co Md.

FATHER

13. NAME: Horace West
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Virginia Lyles
16. BIRTHPLACE (city or town) (State or country): Richmond Virginia

17. INFORMANT: Mr Horace E. Cowman (Son)
(Address) 827 Stirling Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorels Cem. Date: Mar 19 1938

19. UNDERTAKER: Stewart Mortuary
(Address) 108 Mosher

20. [illegible] MAR 19 1938 [illegible] Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Pelvis	3-17-38
Fracture of both femurs	
Shock	3-17-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-17 1938
Where did injury occur? 1028 Cathedral St Balto
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Home
Manner of injury: fell 50 feet
Nature of injury: Crushing

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel D Wolfe M. D.
(Address) 1331 E Monument

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14974

CERTIFICATE OF DEATH

92a F 14974

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5227 n Calhoun St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 822 n Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Richard Jones

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Cecilia Reidy

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Frank Jones
(Address) 2314 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3-21-38

19. UNDERTAKER Mrs Lizzie N. Howard
(Address) 1631 Mount Hope Ave

20. FILED MAR 19 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/38

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to 3/17/38 I last saw h[illegible] alive on March 7, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	7/of/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. F. Heleker M. D.

(Address) 1515 Pa Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44975

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Jefferson St., 7-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar F. Landon

If U. S. Veteran specify WAR .....

(a) Residence: No. 2228 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera C Landon

6. DATE OF BIRTH (month, day, year) Feby 5-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edw Landon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pennell & Daniel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John R Ford

(Address) 626 N Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Md Date March 20 1935

19. UNDERTAKER John Ullrich

(Address) 210 E Biddle St

20. FILED MAR 19 1935 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 - 35 to March 19 - 35

I last saw him alive on March 15, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Disease of Renal Tissue	1931

Other contributory causes of importance: Uraemia, Exhaustion

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Hoyt M. D.

(Address) 136 N Fulton Ave

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 44976 — 131 F 44976

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine L. Kane

(a) Residence: No. 343 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kane

6. DATE OF BIRTH (month, day, year) Dec. 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Bartholomew Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Flaherty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Corbett Kane (Address) 343 S Chester St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Mar 21, 1938

19. UNDERTAKER John A. Noonan (Address) 3000 E. Baltimore St.

MAR 19 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 19, 1938

I last saw h— alive on March 8, 1938. Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Hypertension & Arteriosclerosis	?
Other contributory causes of importance: Terminal Bronchopneumonia	5 days

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14977

14977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Meyer Greenebaum

If U.S. Veteran specify WAR

(a) Residence: No. Alhambra Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Bertha Greenebaum

6. DATE OF BIRTH (month, day, year) Feby. 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. H. Greenebaum
(Address) 2200 E. Monument St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Pl. Balto. Hebrew Cem. Da. Mch. 20 19 38

19. UNDERTAKER Harris Sonneborn & Son
(Address) 1902 Eutaw Place

FILED MAR 19 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1938 to Mar 18 1938 last saw him alive on Mar 18 1938 AM Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	Mar 1
	Mar 8

Other contributory causes of importance:

Heart failure	Mar 12
Diabetes mellitus	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alfred Schwarz M. D.
(Address) Sinai Hospital

L. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14978

CERTIFICATE OF DEATH

95-B F 14978

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5901 Highgate St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdalena (Lena) Warner

If U. S. Veteran specify WAR

(a) Residence: No. 5901 Highgate Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) March 8 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Wild

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Samuel Wenshore
(Address) 5901 Highgate Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 21 Mar 38

19. UNDERTAKER Hilleary & Buhrer
(Address) North & Pa. Aves.

20. FILED MAR 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19 29 to March 14, 1938.

I last saw her alive on March 14, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

cardiac failure — Date of onset 1937
hypertension

Other contributory causes of importance:

nothing

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard M Buhrer M. D.

(Address) Med. Arts Bldg.

N. B.—Write plainly with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14979 CERTIFICATE OF DEATH 31457 (MB) F 14979

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 95-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Estep If U. S. Veteran specify WAR

(a) Residence: No. 1046 Stockton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 7/16/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis (d)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Pratt (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Md Date 3/20 1938

19. UNDERTAKER Thomas E. Kelson
(Address) 1363 Baudman St

MAR 19 1938 Huntington Williams Supt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 16, 1938

I last saw him alive on March 16 1938. Death is said to have occurred on the date stated above, at 1:25 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Hypertensive cardiovascular disease Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V83

F 14980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14980 #31486 SF

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis Evans

(a) Residence: No. 3043 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Frances

6. DATE OF BIRTH (month, day, year) 10/28/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Lewis

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Buckingham

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Ft Lincoln Cem. Date 3/19/38

19. UNDERTAKER E. J. Hepbert & Son
(Address) 130 Eastern Place

20. FILED ..... 19.....
Registrar.

MAR 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938 to March 16, 1938

I last saw h[illegible] alive on March 16, 1938. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-3-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautte M. D.

(Address) Eastern City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44981

✓ F 44981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Paul Stevens

(a) Residence: No. 866 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Stevens

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Appomattox Va

FATHER

13. NAME Jas Rasen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Katie Stevens

(Address) 866 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem 3-20- 1938

19. UNDERTAKER Bryan & Manning 1 W Read & Eldery St

(Address)

MAR 19 1938

20. FILED 19

Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Embolism)	3/15
Other contributory causes of importance	38

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas L. Green M. D.

(Address) 507 Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 14982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14982

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Spec. 25-3 Ward) 75

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. Unknown. Found in woods 2500 Block Washington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	???

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ????

6. DATE OF BIRTH (month, day, year) ???

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Body unidentified. No information.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 19 1938 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED ... 19 ... Registrar

MAR 19 1938 AT 3:53 P.M. Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/38 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) 1822 West Baltimore St. Coroner . M. D.

(Address)

F 44983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 44983

CERTIFICATE OF DEATH

V 75

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Unknown

(a) Residence: No. Unknown (Usual place of abode) St., Found in woods at foot of Brunswick St Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	White	???

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ???

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ???

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No information Body unidentified

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 19 1938 19

Commissioner of Health

By H. A. Moore

19. UNDERTAKER (Address)

FILED MAR 19 1938 19 Registrar

V 66

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. Warren Williams M. D. Coroner

(Address) 1822 W. Baltimore St.

MAR 19 1938

H. Warren Williams, M.D.

F 14984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31587 (MB) 15 9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

4 hrs.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Hoffman

(a) Residence: No. 1614 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/12/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4 hrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Geraldine Wallson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, (CREMATION), OR REMOVAL cremation

Place Balto. City Hosp. Date 3-17- 38

19. UNDERTAKER Hospital disposal
(Address)

20. FILED ..... 19 ..... (Registrar.)

MAR 19 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/12 , 1938 to 3/12 , 1938

I last saw him alive on 3/12 , 1938 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Conj. Atelectasis.	
Other contributory causes of importance:	

Was an operation performed ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles L. Goodland M. D.

(Address) Balto. City Hospitals

F 14984

WHITE PAPER, WITH CARBON PAPER ATTACHED, FOR THIS CERTIFICATE. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

44985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 44985

CERTIFICATE OF DEATH

CGK—31114 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Watson

(a) Residence: No. 333 W. 30th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-24-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21 days		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles Watson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, (CREMATION) OR REMOVAL cremation
Place Balto. City Hosp. Date 3-17- 1938

19. UNDERTAKER Hospital disposal
(Address)

ISSUED MAR 19 1938 ... Registrar.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15 1938

22. I HEREBY CERTIFY, That I attended deceased from February 24 1938 to March 15 1938
I last saw her alive on March 13 1938 Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (28 wks.)	
Aspiration Pneumonia	3/14

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles L. Fordham M. D.

(Address) Balto. City Hospitals

INSTRUCTIONS.—WRITE PLAINLY, with pen and ink—DO NOT USE PENCIL. Fill in all items. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14986 CERTIFICATE OF DEATH ✓ X F 14986

Registered No. 13 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Burnham

If U. S. Veteran specify WAR .....

(a) Residence: No. Garrison md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Burnham

6. DATE OF BIRTH (month, day, year) Dec 17-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME George W. Burnham

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Angelina D'Vera

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Burnham (Address) Garrison Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 3/22 19 38

19. UNDERTAKER Frank E. Kenzell (Address) Pennsylvania Ave

20. FILED MAR 20 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1938 to 3/19, 1938

I last saw h... alive on 3/19, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Renal Calculi	"
Cystitis	"
Generalized arteriosclerosis	"

Other contributory causes of importance:

Uremia; acute

Pulmonary Edema

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lamdy Wallace M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 4987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4987

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Union Memorial Hospital 9-3

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. John D. Lorenz - Carrie Hill Lorenz (U.S. Veteran Specify WAR)

(a) Residence: No. 3507 Greenmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lorenz

6. DATE OF BIRTH (month, day, year) Feb 21 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home (No?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va

FATHER

13. NAME David E Strasburger

14. BIRTHPLACE (city or town) (State or country) Staunton Va

MOTHER

15. MAIDEN NAME Emma Kitty Elkton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) John Loren 3507 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar 22 1938

19. UNDERTAKER (Address) P Manfuso & Son Walbrook Md

20. FILED 19 Registrar

Washington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to March 19, 1938

I last saw h~~e~~ alive on March 19, 1938 Death is said to have occurred on the date stated above, at 10 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan. 15, 1938

For what disease or injury? Carcinoma of gall bladder

Name of operation Exploratory lap: biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

N B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11988 — E 11988 — 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-1 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Solar

If U.S. Veteran specify WAR ___

(a) Residence: No. 1414 E Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Solar

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Lincus —
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Shippa —
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Harry Solar 1419 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Washington Blvd. Date 3-20-38

19. UNDERTAKER (Address): Pace Henry Inc 1730 E. Balto St, Huntington Williams, Md

20. FILED MAR 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/19/38. 19

22. I HEREBY CERTIFY, That I attended deceased from ___ 19 ___ to ___ 19 ___

I last saw her alive on 3/19/38 19 Death is said to have occurred on the date stated above, at 10:25 m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset
Cerebro-Vascular accident over

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Schmidt M. D.

(Address) Sinai Hospital.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 44989

F 44989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Balto St. Ward) 15-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Rosen

(a) Residence: No. 3600 Reistertown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Rosen

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Kraus

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kraus

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sidney Ranner

(Address) 2433 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Cohen Friendship Date 3/20-38, 19

19. UNDERTAKER Joseph Louis Doe

(Address) 1439 E. Balto St

MAR 20 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Wolfe, M. D.

(Address) 1331 E. Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Dr. Paul Schreiber, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14990 — E 14990

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 105 N. Chester St. 6-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Gelda Bauman
(a) Residence: No. 105 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Radish Bauman
6. DATE OF BIRTH (month, day, year): 1881
7. AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Abraham Eaib Settlin
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: Bailey Settlin
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hyman Settlin
(Address) 206 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Date 3/20/38

19. UNDERTAKER: Jos. Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED ... 19... [illegible] Registrar.

MAR 20 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Observed Mar 18 1937
Hypertension	
Other contributory causes of importance: Diabetes Mellitus (Controlled)	Observed Sept 19 1936

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul F. Schreiber M. D.
(Address) 1919 E. North Ave.

F 44991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Perel

If U.S Veteran specify WAR

(a) Residence: No. 2213 Callow Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): April 20 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mordica Perel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Perel

(Address) 2213 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Herring Run Date: March 20 1938

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1126 W. North ave

20. FILED: MAR 20 1938 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-3-38, 19 to 3-19-38, 19

I last saw him alive on 3-19-38, 19. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure, arteriosclerotic heart disease	2-25-38
Other contributory causes of importance: Bronchopneumonia	3-3-38
Asthma	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Schwartz M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14992

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Union ave St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME W Marie Parrish

(a) Residence: No. 835 Union ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fema	White	Marred

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert S. Parrish

6. DATE OF BIRTH (month, day, year) Born 22, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037 House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Tull

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Albert S. Parrish, 835 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date MAR 21 1938

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave.

MAR 20 1938 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/18

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Non Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Crain M. D.

(Address) Coroner Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. F 1268-9

F 44993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Dillon St., 8-6 Ward)

Length of residence in city or town where death occurred 89 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Jones

(a) Residence: No. 1734 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace B. Jones

6. DATE OF BIRTH (month, day, year) March 14, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Kensel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Kensel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT David Jones (Address) 1734 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Date March 22, 38

19. UNDERTAKER Frank H. Ellis Jr. (Address) 1300 Eastern Ave.

20. MAR 20 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 37 to Mar. 19 38

I last saw her alive on Mar. 19 38 Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hypertension -	
(b) Arteriosclerotic Cardio-Vascular Disease	1938

Other contributory causes of importance: Senility.

Name of operation Removal Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Tracy Leary M. D.

(Address) 521 York Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A F 14994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Eldatham St. 15-10 Ward)

Registered No. 14994

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Mary Cunningham

If U. S. Veteran specify WAR

(a) Residence: No. 3818 Eldatham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Arthur F. Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Kramer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elias Wilbur Cunningham
(Address) 3623 Eldridge Road

18. BURIAL, CREMATION, OR REMOVAL
Place Overland Mem. Park Date Mar 21, 1938

19. UNDERTAKER Marie E. Tyler
(Address) 1615 Harlem Ave

Mar 20 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to March 18, 1938

I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1937
Other contributory causes of importance: Myocarditis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billups, M. D.

(Address) 222 W. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14995

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 W. Fulberry Street 4-2 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria R. Liberto

If U. S. Veteran specify WAR

(a) Residence: No. 509 W. Fulberry Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pasquale Liberto

6. DATE OF BIRTH (month, day, year) May 20, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME (Unknown)

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Liberto

(Address) 1714 Poplar Grove Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/22/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Hanford Avenue

20. FILED MAR 20 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to March 18, 1938

I last saw him alive on March 18, 1938 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/18/38
Cardiac Dilatation	[illegible]

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 44996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S. Conklin St. 26-9 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret A. Greska

(a) Residence: No. 912 S. Conklin St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Casper Greska

6. DATE OF BIRTH (month, day, year) June 15 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Guenkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Frank Greska

(Address) 912 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Mar. 21 1938

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1938 to March 17 1938

I last saw her alive on March 16 1938 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia Nephrosis and Nephritis	
Other contributory causes of importance: Hypertension Arteriosclerosis	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John A. Miller M. D.

(Address) 1613 East Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14997

14997

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Francis Tucker

If U. S. Veteran specify WAR

(a) Residence: No. 1126 Riverside Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Tucker

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Contie

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Hosp Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Mar. 21 1938

19. UNDERTAKER John J. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 21 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to March 18 1938

I last saw h. alive on March 18 1938 Death is said to have occurred on the date stated above, at 450 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Infections Arthritis of right knee joint.	3-1-38
Bronchopneumonia	3-8-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-4-38

For what disease or injury? Acute infections arthritis of right knee

Name of operation Incision of knee joint

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Muller M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14998

HEALTH DEPARTMENT—CITY OF BALTIMORE

14998

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Dingle

(a) Residence: No. 603 S. Potomac St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Dingle

6. DATE OF BIRTH (month, day, year) Aug 5 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Shop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Dingle

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Fonseca

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Francis Dingle (Address) 603 S Potomac

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar 21 1938

19. UNDERTAKER Tilley & Zuckerman (Address) 603 S Potomac

20. FILED MAR 21 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 15, 1938

I last saw h— alive on March 15, 1938. Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	3-5-38
Pneumococcus Meningitis	3-11-38

Other contributory causes of importance

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lp Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Kuhlman M. D.

(Address) St Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41999

53-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Foster Ave St., 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Justina Simon

(a) Residence: No. 3718 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Simon

6. DATE OF BIRTH (month, day, year) Jan 10 1860

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Mehr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary M. Hooner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Simon (Southern)
(Address) 3718 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar 22 1938

19. UNDERTAKER Lally & Zeiler Inc.
(Address) 408 N. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1937 to Mar 14, 1938.

I last saw ... alive on Mar 13, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Carcinoma of bladder	over
Bronchopneumonia	3 mo-38

Other contributory causes of importance:

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Path. Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) E. A. Schumacher, M. D.

(Address) 842 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1938

15000 E 15000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp 22 W Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Cheek

(a) Residence: No. Street md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wayne Ed. Cheek

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Jane Yale

16. BIRTHPLACE (City or town) (State or country) North Carolina

17. INFORMANT Wayne Cheek

(Address) Darlington, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Date, March 22 1938

19. UNDERTAKER H. D. Bailey

(Address) Darlington, Md

20. FILED 19 Registrar.

20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset 3/19/38

Other contributory causes of importance:

3d Degree Burns

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury March 19 1938

Where did injury occur? at Home Street md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Matches, Igniting Clothes

Nature of injury 3d degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address) Coroner

Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

15001 ✓ F 15001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 26 W Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Kessler

If U. S. Veteran specify WAR

(a) Residence: No. 2126 Holland St N St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry C Kessler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Blanche Holcomb

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Henry C Kessler

(Address) 2126 Holland St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/21 38

19. UNDERTAKER Fenby & Talley

(Address) Fulton & Lafayette

20. FILED MAR 21 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 38, to 3/18, 38

I last saw him alive on 3/18, 1938. Death is said to have occurred on the date stated above, at 2 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal abscess Strept	2 wks
Strept. Septicemia + toxemia	

Other contributory causes of importance:

Was an operation performed? yes Date of 3/16/38

For what disease or injury? pharyngeal abscess

Name of operation Incision + drainage of ph. abscess

What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, when?

(Signed) Chas B Marsh, M. D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. — back of certificate.

R 2 U 1938

H

F 15002 ✓ F 15002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Fulton Ave., St., 19-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Murray

(a) Residence: No. 407 N. Fulton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. Murray

6. DATE OF BIRTH (month, day, year) Oct., 18 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Thos F. Murray 407 N. Fulton Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date 3/22 1938

19. UNDERTAKER (Address) Fuller & Sapp

20. FILED Huntington Williams, M.D. Registrar

MAR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	??
Acute Cardiac Dilitation	Mar 19

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. H. Haines, Coroner, M. D.

(Address) 1822 W. Baltimore St.

U. S. WHITE LEAD, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45003 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45003

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH St. Joseph's Hospital Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Siegle If U. S. Veteran specify WAR ... Record

(a) Residence: No. 1913 Westbourne St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Viola G. Siegle

6. DATE OF BIRTH (month, day, year) Oct 5th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn Schultheis

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Siegle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Pistol

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm H. Siegle (Address) 1916 McDonough St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Mar 23rd 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MAR 21 1938

Thurlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 3-3-1938 to 3-20-1938

I last saw him alive on 3-20-1938 Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3-1-38
Other contributory causes of importance Mesenteric Thrombosis	3-19-38

Was an operation performed? Yes Date 3-19-38

For what disease or injury? Intestinal Obstruction

Name of operation Enterostomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) Gilbert E. Putnam M. D.

(Address) St Agnes Hospital

VS 9

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45004 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45004

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 121 S. Wickham Rd Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. Worthington

If U. S. Veteran specify WAR No Record

(a) Residence: No. 121 S. Wickham Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas T. Worthington

6. DATE OF BIRTH (month, day, year) Jan 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sep 10-27

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Dennis Linehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Kelleher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Burke

(Address) 121 S. Wickham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 22nd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19 ... Registrar.

MAR 21 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 37, 19... to Mar 18, 1938

I last saw h~~e~~r alive on Mar 18 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	11/24/37
Diabetes Mellitus	
Other contributory causes of importance: Carbuncle	3/16/38

Was an operation performed? No Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James H Heyenburg M. D.

(Address) 721 Mulberry

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45005 HEALTH DEPARTMENT—CITY OF BALTIMORE 45005

CERTIFICATE OF DEATH

XV/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2544 Edmondson Ave 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Percival Weedon Jr.

If U. S. Veteran specify WAR No Record

(a) Residence: No. Round Bay Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec 1045

10. Date deceased last worked at this occupation (month and year) 1/38

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward P. Weedon Sr.

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Minnie Schafer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward P. Weedon Sr

(Address) 2544 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 23/38

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 19..... Registrar

MAR 21 1938 Per E. Jr. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to March 20, 1938.

I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	?
Uremia & Cerebral Hemorrhage	?
"	1-15-38
"	3-20-38

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel L. Culver M. D.

(Address) 3611 Fenhills Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45006 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45006

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles McCullough

If U. S. Veteran specify WAR World War

(a) Residence: No. 1813 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret L. McCullough

6. DATE OF BIRTH (month, day, year) Aug 6th 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockyards

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Allen McCullough

14. BIRTHPLACE (city or town) (State or country) McKeesport Pa

MOTHER

15. MAIDEN NAME Laura Pickering

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret L McCullough

(Address) 1813 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/23 38

19. UNDERTAKER Wilhoyte & York

(Address) 317 E. Pratt St.

20. FILED ... 19... Registrar.

Mar 23 1938

Removal for Fullerton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-14-1938 to 3-20-1938

I last saw him alive on 3-20-1938 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Peptic Ulcer	3-14-38

Other contributory causes of importance

Was an operation performed? Yes Date 3-17-38

For what disease or injury? Perforated Peptic Ulcer

Name of operation Repair of Perforation

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... Hour ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Gilbert E. Kaufman M. D.

(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 45007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45007

CERTIFICATE OF DEATH

178-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 E. Biddle St. 8-3 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Phelps

(a) Residence: No. 2444 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John W. Phelps

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Boyd

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Morgan C. Dunall

(Address) 2444 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar 21 1938

19. UNDERTAKER John Ulrich

(Address) 2002 Eastern Ave

MAR 21 1938

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest; find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (illuminating gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/17, 1938

Where did injury occur? 2444 E. Biddle Balt. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burner on gas stove accidentally turned on while sleeping

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chandler M. D.
Coroner

(Address) 1922 Linden Ave

V 56

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15008 — CERTIFICATE OF DEATH — ✓ 131 — F 15008

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Provident Hospital — Ward
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Francis Dorsey
(a) Residence: No. 563 W Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Dorsey
6. DATE OF BIRTH (month, day, year): Aug 5 - 1889
7. AGE: Years 48 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER
13. NAME: Oliver Meekins
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Alice Meekins
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Lillian Dorsey
(Address): 563 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Park Date: 3/21/ 1938

19. UNDERTAKER: Frances A. Hemsley
(Address): 571 W. Biddle

20. FILED: MAR 21 1938 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	Mar 11 1938
Other contributory causes of importance:	

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen M. D.
(Address) 50 Fairmount Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 15009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15009

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1876 cc

CITY OF BALTIMORE: (No.) Bay View St. (36) Ward (2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs 5 mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Ann Edwards

(a) Residence: No. 24 6 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. L. Edwards (d)

6. DATE OF BIRTH (month, day, year): June 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John White

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Maria Davis

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. Bertha Martin

(Address) 24 6 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Cem. Date: 3/21/38 19

19. UNDERTAKER: Geo. L. Berger Jr

(Address) 1517 Holland St.

20. MAR 21 1938 19 Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3 days
Other contributory causes of importance: Fracture neck left femur	Jan. 1

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 1, 1938

Where did injury occur? 24 6 W. Balto. St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 111 W. Monument St.

V S 6

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45010

CERTIFICATE OF DEATH

59 F 45010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. Ward) 3-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sena Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1806 Light Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) Dec. 7 1861 (about)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME J. Osterhues

14. BIRTHPLACE (city or town) (State or country) Do not Know

MOTHER

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Albert Priffley

(Address) 1806 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date 3/21/38

19. UNDERTAKER J. J. Tobey & Sons

(Address) 1318 Light St.

MAR 21 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/9/38, 19 to 3/18, 19 38

I last saw h alive on 3/18, 19 38 Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene of Left Foot	3/5/38
Cardio-Vascular collapse	3/17/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/14/38

For what disease or injury? Diabetic gangrene of left foot

Name of operation amputation, mid-thigh of left leg

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify MATERNAL

(Signed) Frank T. Warren M. D.

(Address) South Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15011 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15011

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH Bon Secours Hos. Registered No.

CITY OF BALTIMORE: (No. ... St., 7th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Ida Day If U. S. Veteran specify WAR

(a) Residence: No. Woodlawn, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/?/56

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81 80	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Wesley Day

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Morgan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret A. Kingsley
(Address) Howard Hall apts. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 3-22-38

19. UNDERTAKER John F. Mitchell & Son
(Address) 900 Eutaw Pl.

20. FILED MAR 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/38

22. I HEREBY CERTIFY, That I attended deceased from 3/12/38, 19..., to 3/19/38, 19...

I last saw her alive on 3/19/38, 19 38 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Bladder	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Biopsy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45012

CERTIFICATE OF DEATH

93-C F 45012

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3321 W Rogers Ave (WARD) 27-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Susan Wilhelm

(a) RESIDENCE NO. 3321 W Rogers Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of George Edward Wilhelm

6 DATE OF BIRTH (month, day, and year) July 17, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co, Md

PARENTS

10 NAME OF FATHER Joseph Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co, Md.

12 MAIDEN NAME OF MOTHER Susan Burnham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co, Md.

14 Informant Mrs. F. H. Arnold

(Address) 3321 W Rogers Ave

MAR 21 1938, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20, 1938

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to Mar 20, 1938, that I last saw her alive on Mar 20, 1938, and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Uremia
Myocarditis, chronic
Hypertension
Arteriosclerosis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis L. Lasby, M. D.

19 (Address) Reisterstown, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel, Balto Co. — DATE OF BURIAL: Mar 22 1938

20 UNDERTAKER: Wm C Burke & Son — ADDRESS: Sparks, Md.

Filed Mar 21 1938 19 [illegible]

Instructions for Filling Out Certificate of Death

IMPORTANT: Answer all questions in ink or indelible pencil. Write plainly. Use no abbreviations. Do not leave any blanks. If unknown, write "unknown." Cause of death must be certified to by a physician, if there was one in attendance during last illness; otherwise by the coroner. Personal and statistical particulars must be obtained from the most reliable person available. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45012 — CERTIFICATE OF DEATH — 31543 (MB) — F 45013

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-1748 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Jackson — If U. S. Veteran specify WAR

(a) Residence: No. 3311 Paton Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 9/7/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Joseph Woller

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Anna Welch

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 21 1938

19. UNDERTAKER Robert E. Mullin (Address) 1515 Argyle Ave

20. FILED MAR 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1938 to 3-18, 1938

I last saw her alive on 3-17, 1938. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus with metastases	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 347 167 F 45014 — 128 F 45014

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie Johnson — If U. S. Veteran specify WAR .....

(a) Residence: No. 918 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (N.G.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Galloway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Mitchell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date March 19 38

19. UNDERTAKER Robert F. Kuehling
(Address) 1515 N. Gilmor St

20. FILED MAR 21 1938 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to March 16, 1938.

I last saw her alive on March 16, 1938. Death is said to have occurred on the date stated above, at 11 20 p m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Acute Pancreatitis	Feb 14	1938
Lobar Pneumonia	March 12	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas A. Brose, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45015

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Church Home & Infirmary 50-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Ward, Mrs.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1800 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Ward

6. DATE OF BIRTH (month, day, year) January 10, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Lainhart

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. John P. Ward
(Address) 1800 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 21 1938

19. UNDERTAKER L. D. Amoroso
(Address) 1003 W. Baltimore St.

20. FILED MAR 21 1938 Registrar. R. Easton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12- , 1938, to 3-18- , 1938.

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene of Rt Foot.	2-1-38
Diabetes Mellitus	3 yrs.
Heart Failure	2-18-38

Other contributory causes of importance:

Arterio sclerosis with heart disease

Was an operation performed? yes Date of 2-21-38

For what disease or injury? Gangrene of 1st 2 toes

Name of operation Lis Franc's Amputation of 1st 2 toes, Rt

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45016 CERTIFICATE OF DEATH MB 82-a F 45016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Tinker

If U. S. Veteran specify WAR

(a) Residence: No. Lisby Inf. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tinker

6. DATE OF BIRTH (month, day, year) May 10th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
XX	66	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto County.

FATHER

13. NAME Cornelius H. Howard

14. BIRTHPLACE (city or town) (State or country) Md. Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Warns

16. BIRTHPLACE (city or town) (State or country) Md. Montgomery County

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Cemetery Date March 21st 38

19. UNDERTAKER (Address) Jno. Lichtenstein & Son

20. FILED MAR 21 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 17, 1938

I last saw her alive on March 17, 1938. Death is said to have occurred on the date stated above, at 12.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-16-38
Other contributory causes of importance: Arteriosclerosis	Uncertain

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS SHOULD

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45017 — CERTIFICATE OF DEATH — 23 F 45017

Registered No.

1. PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun 2583 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs. Marie Deeds

(a) Residence: No. 2015 Annapolis Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Irvin E. Deeds

6. DATE OF BIRTH (month, day, year): June 10 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

FATHER

13. NAME: William Norris

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nora Dyer

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Irvin E. Deeds
(Address) 2015 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem Date Mar 25 1938

19. UNDERTAKER: Robt C & B M Walters
(Address) 2211 Pitcher St

MAR 21 1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1 1938 to March 19 1938

I last saw her alive on March 19, 1938. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis.	
Carcinoma pregnancy	
Pyonephrosis Rt kidney	
Tuberculosis of Rt kidney	

Other contributory causes of importance:

Nephrectomy. Rt

Name of operation: Nephrectomy Date of: 3/1/38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D.T. Buttaglia M. D.

(Address) Franklin Sq. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45018 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45018

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 97-6

CITY OF BALTIMORE: (No. Bay View St., 1 & 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick W. Bauer — If U. S. Veteran specify WAR

(a) Residence: No. 862 W. Pratt St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Bauer

6. DATE OF BIRTH (month, day, year) March 4-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Frederick W. Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Toft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Bauer (Address) 862 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 21 1938

19. UNDERTAKER Taff & Boyd M. Walters (Address) 22 N. Eutaw St.

20. MAR 21 1938 Washington D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	days
Other contributory causes of importance: Valvular heart disease, Arterio-sclerosis	Years Years

Was an operation performed? No Date

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. O. Wood M. D. Coroner

(Address) 111 N. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15019

CERTIFICATE OF DEATH

131 E 15019

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 15 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Garrett

If U. S. Veteran specify WAR

(a) Residence: No. 1715 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Garrett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sally Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virgie Sweeney

(Address) 2410 Leigh St Richmond, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/21/38

19. UNDERTAKER T. J. C. Kelson

(Address) 1200 Presstman St.

20. FILED ..., 19...

MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/38

22. I HEREBY CERTIFY, That I attended deceased from 3/12/38 to 3/18/38

I last saw him alive on 3/16/38 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?
Cerebral Hemorrhage	3/17/38
Other contributory causes of importance: Uremia	3/13/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James P. Carey M. D.

(Address) 512 Mahon Pl

V 8 A

Note: Physicians should be careful to write plainly. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15020 15020 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1323 W Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Johnson

6. DATE OF BIRTH (month, day, year) 1.31. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail store

10. Date deceased last worked at this occupation (month and year) Sept. 1937

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mark.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Effie Lyles Married name

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Johnson

(Address) 1323 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 3/22. 19 38

19. UNDERTAKER Thos. J. Nelson

(Address) 1203 Pennsylvania Ave

20. FILED 19 Registrar

MAR 21 1938 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.19. 1938

22. I HEREBY CERTIFY, That I attended deceased from 3.17. 1938 to 3.19. 1938

I last saw him alive on 3.19. 1938. Death is said to have occurred on the date stated above, at 8:16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cerebral hemorrhage	
Heart disease with cardiac decompensation	1.21.38
Other contributory causes of importance: Uremia	2.17.38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James D. Cox M. D.

(Address) 515 Mulberry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate, &c.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

15021

CERTIFICATE OF DEATH

15021

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Druid Hill Ave. St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Ballard

If U. S. Veteran specify WAR .....

(a) Residence: No. 911 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie Ballard.

6. DATE OF BIRTH (month, day, year) Aug 5 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Ed Ballard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John A. Williams

(Address) 1006 Warner st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/21 19 38

19. UNDERTAKER J. E. Nelson

(Address) 1202 Pennsylvania Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1938, to Mar 17, 1938

I last saw h[illegible] alive on March 17 1938. Death is said to have occurred on the date stated above, at 10 a, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar 17 1938
Other contributing causes of importance: Asthma	March 17 1938

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) O. H. Howard M. D.

(Address) 713 S. Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

MAR 21 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15022 F 15022

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1374 Whitelock St. (5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 1374 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widow

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Wright

6. DATE OF BIRTH (month, day, year) Mar 5. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 0 3 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wilbert Wright

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Cora Hinton 1374 Whitelock st

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cemetery Date 3/21 19 38

19. UNDERTAKER J. E. Nelson

(Address) 1202 Pennsylvania Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 38

22. I HEREBY CERTIFY, That I attended deceased from Mar 12th 19 38 to Mar 17th 19 38

I last saw h. alive on Mar 17 19 38. Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Mar 2 1938
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Harry F Brown M. D.

(Address) 1835 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

MAR 21 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45023 CERTIFICATE OF DEATH 131 F 45023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Henrison St., 8 1 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Patrick Hamill

If U. S. Veteran specify WAR

(a) Residence: No. Clifton Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Owens Hamill

6. DATE OF BIRTH (month, day, year) February 26, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 70	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Foreman 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clifton Park

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Patrick Hamill

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ann Loy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Francis Hamill
(Address) 1211 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/21/38

19. UNDERTAKER H. C. Cook
(Address) 1217 Ft Ford St

20. FILED MAR 21 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1938 to March 20, 1938

I last saw h alive on March 19, 1938 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1 mo
Bronco Pneumonia	2 days
Paralysis, acute	7 days
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1 mo

Was an operation performed? Autopsy Date Feby 18 38

For what disease or injury?

Name of operation Incision & Drained

What test confirmed diagnosis? Blood Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15024 — CERTIFICATE OF DEATH — ✓ 93-e F 15024

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 56 Gorman Ave St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Singer — If U. S. Veteran specify WAR No Record

(a) Residence: No. 56 Gorman Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 14 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress Making

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry V. Singer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Butkoff

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clara Zinser
(Address) 56 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 22 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED Mar 21 1938 Wm. H. Errington, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1937 to Mar 19 1938

That I last saw h[illegible] alive on Mar 19 1938. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Decompensation	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Chas A Cahn M. D.

(Address) 2145 N Balto St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15025 F 15025

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Payson St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Gaither

If U. S. Veteran specify WAR .....

(a) Residence: No. 624 S. Payson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. ~~Single, Married, (Widowed,~~ or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Gaither

6. DATE OF BIRTH (month, day, year): May 20 1855

7. AGE: Years 82 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ... mn.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Molder B'C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 073

10. Date deceased last worked at this occupation (month and year): 1913

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Courtney Gaither

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Rebel

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Susie M. Morrison

(Address) 624 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar. 22 1938

19. UNDERTAKER: Williams Co.

(Address) 27 St. Paul St.

20. MAR 21 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1938 to 3/19 1938

I last saw him alive on 3/19/38 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma (malignant) of bladder	6 mos ago
	now
Other contributory causes of importance: Bronchopneumonia	2 days ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V5-3

Spec.—1-10-21—M&T—1540 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓131 F 15026

F 15026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 McHenry St. ST. 19-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin C. Hill

(a) RESIDENCE NO. 132 McHenry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes M. Hill

6 DATE OF BIRTH (month, day, and year): July 6. 1869

7 AGE: Years 68 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER: Edwin C. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER: Elizabeth Wigdon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant: Howard C. Hill Address 132 McHenry St

MAR 21 1928

1 Reg. 19 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from January 19 28 to March 20 19 28

that I last saw her alive on March 18 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. D. Smith M. D.

(Address) 51 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 3/22 19 28

20 UNDERTAKER: W. M. Cole

ADDRESS: 1219 Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15027 — 95-B — 15027

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave) (Ward) 27

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 44 yrs. ... mos. ... ds.

2. FULL NAME Chiva Gold — If U. S. Veteran specify WAR .....

(a) Residence: No. Levindale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Morris Gold

6. DATE OF BIRTH (month, day, year) April 11-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Isadore —

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Lyss

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT (Address) Jacob Levy Inc 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL. Place Hebrew Mt Carmel Date 3-21-38

19. UNDERTAKER (Address) Jacob Levy Inc 1439 E. Baltimore St

20. FILED MAR 21 1938 Huntington Wilt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1934, to 3-21, 1938

I last saw her alive on 3-21, 1938. Death is said to have occurred on the date stated above, at 7.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cer card vascular disease	
Other contributory causes of importance:	
Cor Bronchitis & Emphysema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Edmund Levy, M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45028

CERTIFICATE OF DEATH

✓ 50 F 45028

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2310 South Road St. 27-15 Ward)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Hartz

(a) Residence: No. 2310 South Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Marvin Hartz

6. DATE OF BIRTH (month, day, year) May 10-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Trimberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Trimberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Trimberg

(Address) 1707 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 3/21/38

19. UNDERTAKER Jack Levin Inc

(Address) 0439 E Baltimore St

20. FILED MAR 21 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to March 20, 1938

I last saw h[illegible] alive on March 19, 1938. Death is said to have occurred on the date stated above, at 5 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	1934
Other contributory causes of importance: Metastasis	

Name of operation Amputation of breast Date of 4-17-34

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... — , 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. Kadrs, M. D.

(Address) 2306 Eutaw Place

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15029 — CERTIFICATE OF DEATH — 82-85 F 15029

CGK--31678 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Boblits — If U. S. Veteran specify WAR

(a) Residence: No. 3535 Everhart St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Feb. 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wilbur McCauley

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ella Martin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cedar Park Cemetery March 21, 1938

19. UNDERTAKER E. Thomas & Son
(Address) 3615 Eastern Ave

MAR 21 1938 H. Pilgrim Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to March 18, 1938.

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-14-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santibañes M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29097 SF

15030

CERTIFICATE OF DEATH

95-38 15030

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Young

If U. S. Veteran specify WAR

(a) Residence: No. 4812 Lainer Ave. Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel

6. DATE OF BIRTH (month, day, year): 1/22/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0.0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Lysander McCullough

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Eleno-a Hoschall

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Pine Grove, Balto Co. Md. Date March 22, 1938

19. UNDERTAKER (Address): Chenowe & Son 0615 [illegible] Huntington Ave

20. FILED MAR 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1937, to March 19, 1938.

I last saw her alive on March 19, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-16-38
Other contributory causes of importance: Arteriosclerotic heart disease	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15031

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6400 Marietta Ave. St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav A. Vogel

If U. S. Veteran specify WAR World

(a) Residence: No. 6400 Marietta Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Vogel

6. DATE OF BIRTH (month, day, year) Nov. 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John A. Vogel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura (Jennie) Gray

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Laura Jennie VogelCarr

(Address) 6400 Marietta Ave

18. BURIAL, CREMATION, OR REMOVAL

Balto. Nat'l Date 3/22/38

19. UNDERTAKER Leonard J. Finch

(Address) 5305 Harford Rd.

20. FILED MAR 21 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19/38

22. I HEREBY CERTIFY, That I attended deceased from February 26 1938 to March 19 1938

I last saw him alive on March 17, 1938 Death is said to have occurred on the date stated above, at 3.40 A m. 3/19/38

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bilateral Pulmonary Tuberculosis.	7 years.

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) James E. White M. D.

(Address) 5214 Harford Rd.

SPECIAL CAUSES OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15032 HEALTH DEPARTMENT—CITY OF BALTIMORE 15032

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4029 Echodale Ave. St. 27-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton E. Heagy

(a) Residence: No. 4029 Echodale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clifton E. Heagy

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Beulah M. Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Clifton E. Heagy 4029 Echodale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3/21/38

19. UNDERTAKER (Address) Leonard J. Buck 5305 Harford Rd

20. FILED MAR 21 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/19/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 16 . 19 38 to March 19 . 19 38

I last saw h... alive on March 18 . 19 38 . Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	March 1/38

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 7810 Belair Rd.

Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 15033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 15033

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME John Francis Kelly

(a) Residence: No. 1126 Homewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
?	38	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steamship Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nellie Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John J. Kelly (Address) 1126 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date Mar 22 1938

19. UNDERTAKER Chas. J. Evans & Son Inc (Address) 118 W. Mt. Royal Ave

20. MAR 21 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937 to March 18, 1938

I last saw him alive on March 18, 1938. Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr.
Tuberculous pericarditis with effusion	3/16/38
Tuberculous broncho-pneumonia	3/16/38

Other contributory causes of importance:

Was an operation performed? Autopsy Date of 3-16-38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H. Pembroke Jr. M. D.

(Address) Mercy Hospital

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15034

HEALTH DEPARTMENT—CITY OF BALTIMORE

15034

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Coatsolonia Frank L. Coatsolonia

If U. S. Veteran specify WAR .....

(a) Residence: No. 6846 Belclare Road Dundalk Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Marie

6. DATE OF BIRTH (month, day, year): Aug. 15 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bet. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Achille Coatsolonia

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Giulia Gatto

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Achille Coatsolonia (Father)

(Address) 6818 Belclare Rd. Dundalk Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. March-22-38

19. UNDERTAKER: Frank Della Rose

(Address) 52 N. Monty St.

20. FILED MAR 21 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938 to March 18, 1938

I last saw him alive on March 18, 1938. Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type III	[illegible] March 2[illegible]

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dennis H. Maywood M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

15035 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15035

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2919 Riggs Ave St. 16-6 Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis W Roberts

If U. S. Veteran specify WAR .....

(a) Residence: No. 2919 Riggs Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Roberts

6. DATE OF BIRTH (month, day, year) Feb 21-1850

7. AGE: Years 87 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Maryland

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lucilla Eberhardt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs C. C. Roberts

(Address) 2919 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 3/21/38

19. UNDERTAKER J. B. Stephens & Son

(Address) 1300 Eutaw Place

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to March 18, 1938

I last saw her alive on March 17, 1938 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Retention of Urine	
Other contributory causes of importance:	
General Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Obs Evans Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin L Thatcher M. D.

(Address) 1219 Eutaw Place

VS 3

F 150 36

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 150 36

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 a.g. Lorgue Ave St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E. Routson

If U. S. Veteran specify WAR

(a) Residence: No. 36 a.g. Lorgue Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Henry Routson

6. DATE OF BIRTH (month, day, year) Feb 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	323	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Ritter

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Rev. Frederick W. Bald

(Address) 36 a.g. Lorgue Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date 3/21/38

19. UNDERTAKER J. B. Hubbard & Son

(Address) 1500 Eutaw St

20. FILED 19

MAR 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to March 18 1938

I last saw her alive on March 18, 1938 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-sclerosis Cardio-vascular renal disease	
Other contributory causes of importance: Anaemia	3/16/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Clapp M. D.

(Address) 4710 Liberty Hts

Instructions: Exact statement of the CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15037

HEALTH DEPARTMENT—CITY OF BALTIMORE

15037

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 O'Donnell St. St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline M. Zorbach

If U. S. Veteran specify WAR

(a) Residence: No. 3029 O'Donnell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Zorbach

6. DATE OF BIRTH (month, day, year) April 25, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Warman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Milke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Augusta M. Harding
(Address) 3029 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Mch. 22, 38

19. UNDERTAKER George W. Diken
(Address) 1737 E. Eager St.

20. FILED MAR 21 1938 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to March 19, 1938.

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 2.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, hemiplegia, right	3-13-38
Chronic interstitial nephritis,	Unknown
Diabetes Mellitus, Arterio-sclerosis,	
Myocardial insufficiency, acute	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Albumen and sugar in the urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St.

F 15038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 15038

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Hayward ave St.) 27-18 Ward

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia A. Gillen

If U. S. Veteran specify WAR .....

(a) Residence: No. 3500 Hayward St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Gillen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Ed Donnelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Coleman

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs J. Gillen

(Address) 3500 Hayward

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/22/38

19. UNDERTAKER Fahey & Lang

(Address) 318 Light

20. FILED MAR 21 1938 Registrar. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Mch 19, 1938

I last saw h alive on Mch 19, 1938 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Charles L Daly, M. D.

(Address) 5276 Park Heights Ave

F. 15038. Do not write in this space. Fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45039 E 45039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Erdman Ave., St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Gardner Duke

If U. S. Veteran specify WAR

(a) Residence: No. 2702 Erdman Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret C. Duke

6. DATE OF BIRTH (month, day, year) July 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bentonville Virginia

FATHER

13. NAME John R. Duke

14. BIRTHPLACE (city or town) (State or country) Bentonville, Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret C. Duke
(Address) 2702 Erdman Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Mar. 38

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St.

20. FILED ..... Registrar.

MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 19, 1938.

I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/17/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. S. Hardesty, M. D.
(Address) 4810 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

15040 F 15040

15040 HEALTH DEPARTMENT—CITY OF BALTIMORE

31711 JS

CERTIFICATE OF DEATH

107-6 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 24-w (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Sappe

(a) Residence: No. 1448 Richardson St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-27-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Sappe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Hosey

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date March 22 1938

19. UNDERTAKER Fred W Ozazewski

(Address) 1930 Eastern Ave

20. FILED ... 19... Registrar

MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 3-20, 1938

I last saw him alive on 3-20, 1938 Death is said to have occurred on the date stated above, at 9.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D M Franklin M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 15041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15041

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Rayner Ave., St. 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie I. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2804 Rayner Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Chas. Otho Smith

6. DATE OF BIRTH (month, day, year) Sept. 13, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Chas. E. Strong

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mollie Lainhart

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Chas. Otho Smith
(Address) 2804 Rayner Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 23 1938

19. UNDERTAKER H. Howard Strong
(Address) 715 Light St.

20. FILED MAR 21 1938 19 Harrington Williams Jr. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 38

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937 to March 19 1938

I last saw her alive on March 19 1938. Death is said to have occurred on the date stated above, at 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	March 13 38
Other contributory causes of importance: Ch. Myocarditis + Hypertension	Aug 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Seagroth M. D.

(Address) 1724 W. Lombard St.

15042 F 15042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-92-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Steve Squarinovitch If U. S. Veteran specify WAR World War

(a) Residence: No. 521 South Paca St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Polianski

6. DATE OF BIRTH (month, day, year) Sept. 15, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ugenti, Lithuania.

FATHER

13. NAME Michael Squarinovitch

14. BIRTHPLACE (city or town) (State or country) Ugenti, Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ugenti, Lithuania

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross, Cemb Date Mar 22 1938

19. UNDERTAKER Joseph Kaminskas Inc
(Address) 602 Washington Blvd
Williamsport, Md.

Mar 21 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1938. to March 19, 1938
I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, aortitis	over 1 yr.
Cardiac disease, valvular, aortic insufficiency	over 1 yr.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) K K Bryant M. D.
(Address) U. S. Marine Hospital, Balto. Md.

HLM/E

OCCUPATION is very important. See instructions on back of certificate.

15043

HEALTH DEPARTMENT—CITY OF BALTIMORE

15043

31303--RHW

CERTIFICATE OF DEATH

34-83-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. If not born in U. S. A., how long in U. S. if foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stephen Carcaud

(a) Residence: No. 514 N. Bouldin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Carcaud

6. DATE OF BIRTH (month, day, year) 12/18/1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boyce Drug Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar. 21 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

20. FILED ... Registrar

R. 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 18, 1938.

I last saw him alive on March 18, 1938. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-28-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 15044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 N Castle St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter G. Schloman

(a) Residence: No. 1739 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Kinkel Schloman

6. DATE OF BIRTH (month, day, year) Mar. 7th, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. D. Schloman

(Address) Savannah Ga.

18. BURIAL, CREMATION, OR REMOVAL

Place Sat Claire Cemetery Date 3/22/ 38

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette ave.

MAR 21 1938

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch-13 1938 to Mch 18 1938

I last saw him alive on Mch 18 1938. Death is said to have occurred on the date stated above, at 3-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/25/38
Other contributory causes of importance: Edema of Lungs	3/7/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Gale Hall, M. D.

(Address) 1531 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15045

15045

CERTIFICATE OF DEATH

31539--RHT

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-12 Ward) 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Holliday

If U. S. Veteran specify WAR

(a) Residence: No. no home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/2/?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 21 1938 19
Undertaker

19. UNDERTAKER Per H. A. Moore
(Address) Huntington Williams

3-21 1938

3394 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 16, 1938

I last saw him alive on March 16, 1938. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days ago
Pneumococcus meningitis	3-11-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Hamtille M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V.S.D.

15046 E 15046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-95-13

Registered No. 3595

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Fred Wilson

(a) Residence: No. 3465 Hickory Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced—HUSBAND of (or) WIFE of Lizzie Wilson

6. DATE OF BIRTH (month, day, year) 5/25/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ellen Staidman

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JONES HOPKINS MEDICAL SCHOOL MAR 21 1938 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED MAR 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1938 to March 13, 1938

I last saw him alive on March 13, 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertonic cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1938

3595

HEALTH DEPARTMENT—CITY OF BALTIMORE

15047

CERTIFICATE OF DEATH

15047

85

Registered No. .....

1. PLACE OF DEATH South Balto. Gen. Hosp. 11-1
CITY OF BALTIMORE: (No. ..... St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James ~~Leo~~ Lyons

(a) Residence: No. 222 S. Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8 - 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Leonard Lyons
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Gertrude Magee
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Leonard Magee
(Address) 222 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date March 22 38

19. UNDERTAKER Martin F.G. Dippel
(Address) 37 S. Amity St.

20. FILED ..... 19 ..... Huntington Williams Registrar.

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1938 to 3-18-1938

I last saw h/m alive on 3-18-1938 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy - Idiopathic Status Epilepticus	10 yrs. ago 3-14-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis J. Krull M. D.
(Address) South Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

15048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15048

149-B-930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Alice White Stokes

(a) Residence: No. 427 N. Linn St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced

(or) WIFE of Grant Stokes.

6. DATE OF BIRTH (month, day, year) April 19, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15 yrs	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 3/18/38

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph White

14. BIRTHPLACE (city or town) (State or country) Norfolk. Va.

MOTHER

15. MAIDEN NAME Mary Johns

16. BIRTHPLACE (city or town) (State or country) Charlottesville, Va

17. INFORMANT Joseph White.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/21/ 1938

19. UNDERTAKER Bernard P. Hemsley

(Address) 818 Druid Hill Ave

20. FILED Huntington Williams, Registrar

MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and view the evidence (Inquest, Autopsy or Inquiry)

disclosed by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	[redacted]
Nephrosclerosis	3 mos
Other contributory causes of importance:	
Pregnancy	9 mos

Was an operation performed? yes Date of 3-18-38

For what disease or injury? Pregnancy

Name of operation Med Forceps Delivery Date of 3/18/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams (Witness) M. D.

Coroner

(Address) 2760 Eastern Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—0-30—A. & Co.—250 Blks

F 15049

15049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2715 Ruckert Ave St.) 21-3 (WARD)

2. FULL NAME Charles Franklin Castle

(a) RESIDENCE NO. 2715 Rukert Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	W. dowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Alma E. V. Castle

6 DATE OF BIRTH (month, day, and year) 1866 May 5

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 8/1	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 6056

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Middletown Md.

PARENTS

10 NAME OF FATHER John. Castle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middletown, Md

12 MAIDEN NAME OF MOTHER Kate Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Middletown, Md.

14 Informant: Lucille Topc (Address) 2715 Ruckert Ave Baltimore

15 [illegible] Huntington Williams, M.D. Registrar

3-21 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-38

17

I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 20, 1938.

that I last saw him alive on March 20, 1938.

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. K. Leidy, M. D.

3-21 1938 (Address) 5106 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Md Interment

DATE OF BURIAL: 3/23 1938

20 UNDERTAKER: Gladhill Co. ADDRESS: Middletown, Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15050

159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hosp 24-3 St., (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran (Specify WAR .....)

2. FULL NAME Baby Boy Williard

(a) Residence: No. So. Balto Gen Hosp St., 1400 Battery Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-19-38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
				65 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Joseph R. Williard

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Miriam P. Schoberg

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miriam P. Williard

(Address) 1400 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAR 21 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) .....

20. FILED 21 1938 H. Leighton Wilkerson, M.D. Registrar

3896

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1938 to 3-19 1938

I last saw him alive on 3-19 1938 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elton Resnick M. D.

(Address) So Balto Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

15051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15051

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4115 Hayward Ave St. 28-1 Ward)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Caroline Wenzel

If U. S. Veteran specify WAR

(a) Residence: No. 4115 Hayward Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Wenzel

6. DATE OF BIRTH (month, day, year) Oct 22 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Batchlor

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Grace E. Coarts
(Address) 4115 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem'y Date Mar 23 38

19. UNDERTAKER Mary F. Anuscook
(Address) 4204 Ridgewood Ave

20. FILED ... 19 ... Registrar.

Mar 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1938, to March 21st, 1938

I last saw her alive on March 21st, 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis C. V. disease	1 yr

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Edward ... M. D.

(Address) 2214 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

15052

HEALTH DEPARTMENT—CITY OF BALTIMORE

15052

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N Pulaski St. 15-N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alfred S Neely Sr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1723 N Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruby Neely

6. DATE OF BIRTH (month, day, year) Sept 27 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employee

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Neely.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Kingston

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Rosa Neely

(Address) 1723 Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 3/23 1938

19. UNDERTAKER Edward Lanahan

(Address) 2359 W Baltimore

20. FILED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 20, 1938

I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA LUNG, RIGHT (DISCOVERED BY X-RAY IN JAN 1938)	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-RAY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. W. Hoffman, M. D.

(Address) 8 East Read St

OCCUPATION is very important. See instructions on back of certificate.

15053 F 15053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Penn Ave Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1220 Penn Ave City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	C.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Emma Jones,

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Funk

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Robinson

(Address) 1220 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3-23-1938

19. UNDERTAKER Williams & Jackson

(Address) 916 Penn Ave

Huntington Williamsport Md

20. FILED MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/38

22. I HEREBY CERTIFY, That I attended deceased from 3-20-38 19 to 3-21-38 19

I last saw h alive on 3/20/38 19 Death is said to have occurred on the date stated above at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	over

Other contributory causes of importance

Hot Prostate 5 mo

2 yrs Cyst Urethritis

Ward or hospital in which death occurred Gen Date of 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Ellis, M. D.

(Address) 924 Mad. Ave

OCCUPATION is very important. See instructions on back of certificate.

F 15051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15051

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Clyde St. 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J Huberx

If U. S. Veteran specify WAR .....

(a) Residence: No. 3305 Clyde St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Estella M Huberx

6. DATE OF BIRTH (month, day, year) April 29, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md,

FATHER

13. NAME Adam Huberx

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Hoock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Estella M. Huberx

(Address) 3305 Clyde St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cat Lawn Cemetery Date March 1938

19. UNDERTAKER R. G. Covington

(Address) 21 W. 25th St.

20. FILED Huntington Williams, Reg.

(Registrar)

MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to March 21 1938

I last saw him alive on March 20 1938 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spine	Sept. 15, 37
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov. 15, 1937

For what disease or injury? Carcinoma of Spine

Name of operation Removal of tissue for biopsy

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry E. Nelson M. D.

(Address) 3 W. Biddle St., Balto.

OCCUPATION is very important. See instructions on back of certificate.

15055 E 15055

HEALTH DEPARTMENT—CITY OF BALTIMORE

28382 (MB)

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frances Krummeck

(a) Residence: No. 1121 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

8a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hiram

6. DATE OF BIRTH (month, day, year) 1/27/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 22, 1938

19. UNDERTAKER Durward D. Covington
(Address) 21 W. 23rd St.

20. FILED Huntington Williams, Mgr.
MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to March 18, 1938.

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

45056

HEALTH DEPARTMENT—CITY OF BALTIMORE

45056

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH Eutaw Place & Wilson St. 14-1

CITY OF BALTIMORE: (No. Marlborough Apts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabella Jenowitz

(a) Residence: No. Marlborough Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Jenowitz

14. BIRTHPLACE (city or town) (State or country) Vienna

MOTHER

15. MAIDEN NAME Rebecca Lewis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dr. S. H. Lauchheimer,
(Address) 111 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Mch 22, 1938

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED MAR 22 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938 to 3-20-, 1938

I last saw h... alive on 3-19-, 1938. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Senility
Starvation

Date of onset

Other contributory causes of importance:

Senility

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.

45057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45057

CERTIFICATE OF DEATH

93-E

13-1

1. PLACE OF DEATH Eutaw Place & Brooks Lane

CITY OF BALTIMORE: (No. Esplanade Apts. St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Sondheimer Newman

If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Newman

6. DATE OF BIRTH (month, day, year) Jany. 12, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Sondheimer,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah ----------

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss. Carolyn Newman,

(Address) Esplanade Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date Mch. 22, 38

19. UNDERTAKER Harris Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar

MAR 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938, to March 20, 1938

I last saw h alive on March 20, 1938. Death is said to have occurred on the date stated above, at p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocarditis	10 yrs
Other contributory causes of importance: Bronchopneumonia	10 days

Was an operation performed? None Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Luby, M. D.

(Address) Temple Garden Apts.

OCCUPATION is very important. See instructions on back of certificate.

15058 HEALTH DEPARTMENT—CITY OF BALTIMORE 15058

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Eugene Ave. 7-2 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Katherine Peregoy

(a) Residence: No. 811 N. Eugene Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George N. Peregoy

6. DATE OF BIRTH (month, day, year) 1855, April 22.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Brown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George N. Peregoy
(Address) 811 N. Eugene Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Am. Date March 22 38

19. UNDERTAKER Charles C. Schumacher
(Address) 2603 E. Madison, St.

20. FILED MAR 22 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938 to March 19, 1938

I last saw her alive on March 19, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - generalized	?
Cardiac Hypertrophy	
Edema	3/17/38
Broncho-pneumonia	
Other contributory causes of importance: Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Louis T. Klimes, M. D.

(Address) 2623 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

F 15059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15059

CERTIFICATE OF DEATH

26-2 93

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4815 Belair Road St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta M. Huneke

(a) Residence: No. 4815 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Huneke

6. DATE OF BIRTH (month, day, year) April 2, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Schewe

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Catherine Stroecker

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. E. H. Huneke
(Address) 4804 Althea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusealem Cem. Date Mar. 22 19 38

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road

20. FILED MAR 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 19, 1938

I last saw her alive on March 19, 1938. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
as	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Cassard M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

45060 HEALTH DEPARTMENT—CITY OF BALTIMORE 45060

CERTIFICATE OF DEATH

✓ × 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Tremper

If U. S. Veteran specify WAR

(a) Residence: No. Glenarm Pl. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances C. Tremper

6. DATE OF BIRTH (month, day, year) March 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General merchandise

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

FATHER

13. NAME Jesse Tremper

14. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Coup

16. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

17. INFORMANT Theodore Tremper
(Address) Glen Arm. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cem. March 20 1938

19. UNDERTAKER Frederick Sherman Jones
(Address) 7401 Harford Road

20. FILED 3-22 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9-38, 19, to 3-19-38, 19.

I last saw him alive on 3-19, 1938 Death is said to have occurred on the date stated above, at 4:41 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-14-38

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert E. Pedman, M. D.

(Address) St Joseph's Hospital

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 45061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45061

CERTIFICATE OF DEATH.

107-W

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Overlea Ave ST. 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm F Channell,

(a) RESIDENCE NO. 3800 Overlea Av. ST., WARD Civil War Veteran.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice G. Channell.

6 DATE OF BIRTH (month, day, and year) March 10th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89		0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Isaac Channell

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Emily Potee

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Pennsylvania

14 Informant (Address) Wm. E. A. Ind 6801 Belair Rd.

15 Filed , 19 Huntington Williams, Reg'r

MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1938.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1938, to March 20, 1938, that I last saw h[illegible] alive on March 20, 1938, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

B. Pneumonia

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav A. Ind, M. D.

, 19 (Address) 6801 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	March 23 1938
20 UNDERTAKER	ADDRESS
Frederick Sasahara & Sons	[illegible]

TION is very important. See instructions on back of certificates.

15062 E 15062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1566 Ridgley St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore F McClelland

If U. S Veteran specify WAR .....

(a) Residence: No. 1156 Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Chappard

6. DATE OF BIRTH (month, day, year) May 3 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. Roth, Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath, Md

FATHER

13. NAME William McClelland

14. BIRTHPLACE (city or town) (State or country) Bath Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emma McClelland

(Address) 1566 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL

Place Rebert Hill Date March 24 1938

19. UNDERTAKER Chas L Stevens

(Address) 1531 E Fort Ave

MAR 22 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22 38 to March 22 38

I last saw h 2 alive on March 21 38 . Death is said to have occurred on the date stated above, at 1/2 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage due to Hypertension 3 hrs

Other contributory causes of importance:

Diabetes Mellitus 2 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury (if any) which related to occupation of deceased?

If so, state .....

(Signed) Richard Dorsey M.D.

(Address) 1566 Ridgley St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45063

CERTIFICATE OF DEATH

☆ 159 F 45063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boy Boy Doran

If U. S. Veteran specify WAR

(a) Residence: No. Govans Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/21/38

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Jos. Hospital Baltimore Md

FATHER

13. NAME Richard John Doran Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md

MOTHER

15. MAIDEN NAME Ethel Marie Israel

16. BIRTHPLACE (city or town) (State or country) Maryland Md.

17. INFORMANT Mother

(Address) Govans Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stephens Date Mar 22 1938

19. UNDERTAKER Howard F. McComas

(Address) Abingdon Md

20. FILED MAR 22 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 21, 1938

I last saw him alive on March 21, 1938. Death is said to have occurred on the date stated above, at 9 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Gilbert E. Ferguson M. D.

(Address) St Josephs Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45064 — CERTIFICATE OF DEATH — V 82-a — F 45064

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Eldon Ave St.) 13-8 (Ward)

Length of residence in city or town where death occurred 68 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George T. Smith

(a) Residence: No. 1357 Eldon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie E. Smith

6. DATE OF BIRTH (month, day, year) Oct. 24-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Overseer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jno. E. Hookerson Co.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

FATHER

13. NAME Jeremiah Smith
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ann Ruby
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Annie E. Smith
(Address) 1357 Eldon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Date March 23, 38

19. UNDERTAKER Horace F. Durgee
(Address) 3631 Falls Road

MAR 22 1938 19 Registrar. Williams M.D.

V83

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938 to 19
I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	3 yrs.
Other contributory causes of importance: Cerebral apoplexy	10 days
Coronary Sclerosis	1 yr.

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank H. Hamilton M. D.
(Address) 4037 Falls Road

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45065

CERTIFICATE OF DEATH

V 75 F 45065

1. PLACE OF DEATH Freedmans House

Registered No. 877

CITY OF BALTIMORE: (No. 15 S. Leigh St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Linsby

(a) Residence: No. 12 S. Broad St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Linsby

6. DATE OF BIRTH (month, day, year) March 16-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) March 14-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Thomas Caldwell

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Thomas Linsby
(Address) 12 S. Broad St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date March 24 1938

19. UNDERTAKER Wendell Rigby
(Address) 1201 Eastern Ave

MAR 22 1938 19 Huntington Williams Registrar

V 9 6 MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold E. Wood, M. D.
Coroner

(Address) 1711 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45066

CERTIFICATE OF DEATH

93-F 45066

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 Myrtle Ave St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Serena C. Tongue

If U. S. Veteran specify WAR .....

(a) Residence: No. 1151 Myrtle ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) May 30, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME William Ennis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Wm C. Tongue
(Address) 1151 Myrtle Ave

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Cem Date 3/24/ 1938

19. UNDERTAKER Frances A. Hemsley
(Address) 517 W. Biddle St

20. FILED MAR 22 1938 Arlington Williamsburg N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/ , 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/30/ , 1938 to 3/21/ , 1938

I last saw h.. alive on 3/20/ , 1938. Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
P Pleurisy (Simple)	1/28/38
Chronic Myocarditis	1935
Other contributory causes of importance:	
	over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state .....

(Signed) J. B. Hawkins M. D.

(Address) 1600 Sawtelle St

Instructions: Items are very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45067

CERTIFICATE OF DEATH

V 166

F 45067

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fountain Avenue Ward 16-1 St. Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Curtis

(a) Residence: No. 1115 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas Curtis

6. DATE OF BIRTH (month, day, year): Aug 27 93.

7. AGE: Years 44 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Gustus Coleman

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Matilda Thomas

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Thomas Curtis

(Address) 1115 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Berryville Va Date 3/23/ 1938

19. UNDERTAKER: Frances A. Hemsley

(Address) 538 W. Eutaw St.

20. FILED MAR 22 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death at the time stated above

11:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
By Drowning	

Other contributory causes of importance: Nervousness Mentally deranged

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/ 10/ 1938

Where did injury occur? Fernd Lake
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in Fernd Park Lake

Manner of injury drowned in Lake

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Jarman M. D. Coroner

(Address) 216 Fountain Ave

OCCUPATION is very important. See instructions on back of certificate.

V 66

HEALTH DEPARTMENT—CITY OF BALTIMORE

15068

CERTIFICATE OF DEATH

v 23

31432 Js

File 15068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington

If U. S. Veteran specify WAR

(a) Residence: No. 815 Penn. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 3-22-1873 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 64	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 3/23/ 1938

19. UNDERTAKER Frances A. Hemsley
(Address) 536 W. Biddle St

20. [illegible] MAR 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to March 19, 1938

I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion	March 1938

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45069 / 131 F 45069

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Woodbrook Ave 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice F. Johnson

(a) Residence: No. 2742 Woodbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Anna Lewis

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Robert Smith
(Address) 2742 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 3/23/38

19. UNDERTAKER Frances A. Hepsley
(Address) 558 W. Biddle St

Huntington Williams, M.D.
Registrar.

20. FILED MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/38

22. I HEREBY CERTIFY, That I attended deceased from 1/9/38 to 3/20/38

I last saw h... alive on 3/20/38 Death is said to have occurred on the date stated above, 11.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	Jan 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. B. Hoyt Lewis M. D.

(Address) 1601 Lamont St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45070 CERTIFICATE OF DEATH 31026 (MB) F 45070

Registered No. 5-Z 95 B

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 1 Recd

2. FULL NAME Samuel Pappas

(a) Residence: No. 414 East St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Lewis (d)

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Viola Julian (d)

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 22nd 1938

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

20. FILED MAR 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1938. to March 20, 1938.
I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 1 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45071 124-a F 45071

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N Central Ave St., 10-1 Ward)

Length of residence in city or town where death occurred 65 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter De Wald

(a) Residence: No. 1213 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) May 20th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor & Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 3 yrs

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo De Wald

14. BIRTHPLACE (city or town) (State or country) Prussia Germany

MOTHER

15. MAIDEN NAME Minnie Hillbrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth De Wald Brooklyn

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Mar 23rd 1938

19. UNDERTAKER Geo Schilling & Sons

(Address) 1125 1127 E Fayette St

20. FILED MAR 22 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937 to March 21 1938

I last saw h[illegible] alive on March 21 1938 Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic cirrhosis (portal)	?
Chronic nephritis	1930
Chronic myocarditis	?

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. W. Schiff M. D. M. D.

(Address) 1206 E. Preston

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

45072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45072

93-c

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Bruce ST. 16-3 WARD)

2-FULL NAME John Thomas Brown

(a) RESIDENCE NO. 709 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Brown

6 DATE OF BIRTH (month, day, and year) May 16 1875

7 AGE Years 63 Months 10 Days 2 3 If LESS than 1 day, hrs. or min.

Age Corrected on information of family.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant (Address) Alice Brown 709 N Bruce St

15 Filed MAR 28 1938

16 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1938

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 19, 1938, that I last saw him alive on March 17, 1938, and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George C Abercrombie M. D.

3/19 1938 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Mar 23, 1938

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3224 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15073

CERTIFICATE OF DEATH

92-a c c

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 28 S. Albemarle St. 3-2 Ward)

Registered No. 971

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Jane McCauley

(a) Residence: No. 28 S. Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Charles McCauley

6. DATE OF BIRTH (month, day, year) June 3-65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Samuel Edwards

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Louise Donaldson

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Lillian Lipkin
(Address) 511 E. Baltimore St. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 23 1938

19. UNDERTAKER Frank Della Nave
(Address) 52 N. Morley St.

MAR 23 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 mos

Other contributory causes of importance:
Chronic heart disease, 10 years
Uremic sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 112 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15074 — CERTIFICATE OF DEATH — 46-3 — F 15074

6-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. MADERIA ST. St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOSEPH RACHUBA — If U. S. Veteran specify WAR .....

(a) Residence: No. 215 N. MADERIA ST St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of FRANCIS RACHUBA

6. DATE OF BIRTH (month, day, year) MAR. 19/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME ANDREW RACHUBA

14. BIRTHPLACE (city or town) (State or country) POLAND

MOTHER

15. MAIDEN NAME SALLY STACHA

16. BIRTHPLACE (city or town) (State or country) POLAND

17. INFORMANT FRANCIS RACHUBA
(Address) 215 N. MADERIA ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY ROSARY Date MAR. 23, 38

19. UNDERTAKER Fitzgerald & Zeiler Inc
(Address) 403-5 WOLFE ST.

Filed MAR 22 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1938 to Mar 19 1938

I last saw him alive on Mar 9 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma	1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 1938

For what disease or injury? Cancer

Name of operation Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Julia Pond M. D.

(Address) 1714 Eager St.

OCCUPATION is very important. See instructions on back of certificate.

MAR 22 1938

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45075

CERTIFICATE OF DEATH

F 45075

163 0C

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. City Hosp St. 76-11 Ward)

Registered No. 8 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Tyler

(a) Residence: No. 938 N. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Tyler

6. DATE OF BIRTH (month, day, year) March 5-878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Jacob Baer

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Minnie Tyler

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. Minnie Moore (Address) 938 Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 25 38

19. UNDERTAKER Tilly & Zeller Inc

(Address) 1613 Pennsylvania Ave

MAR 24 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adopted by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5 days
due to poisoning by Bi-Chloride of Mercury	
Other contributory causes of importance: Melancholia acute	

Was an operation performed? No Date of Op. ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury March 19 1938

Where did injury occur? 938 N. Clinton St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Took Bi-Chloride of Mercury

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 112 N. Howard St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 15076

15076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 to 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Loretta M. Howard

(a) Residence: No. Odenton, Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/12/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Earl B. Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Hyder

16. BIRTHPLACE (city or town) (State or country) Odenton, Md.

17. INFORMANT Mrs. Earl B. Howard

(Address) Odenton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Chapel Date Mar 28, 1938

19. UNDERTAKER Williams & Meade

(Address) 715 Light St

20. FILED March 22, 1938 Huntington Williams, Mgr

22 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) had that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Esophageal Stricture following ingestion of Lye — Date of onset

Other contributory causes of importance: Pneumonia

Was an operation performed? Esophagoscopy Date of 3-18-38

For what disease or injury? Esophageal Stricture

Name of operation Esophagoscopy Date of 3-18

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 7, 1938

Where did injury occur? Odenton, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Swallowed Lye

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Levin M. D.

(Address) 1331 E. Monument St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

15077 15077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3011 Walbrook Ave. 15-1 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Sara Catherine Cromwell
(a) Residence: No. 3011 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry C. Cromwell

6. DATE OF BIRTH (month, day, year) Dec 10 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Anderson D. Trovel
14. BIRTHPLACE (city or town) (State or country) Hagerstown Pa.

MOTHER
15. MAIDEN NAME Lucy E. Puckett.
16. BIRTHPLACE (city or town) (State or country) Ridgeville Md.

17. INFORMANT Mr Harry C. Cromwell.
(Address) 3011 Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date March 22 1938

19. UNDERTAKER William J. Tuckney & Son
(Address) North + Pitcher Sts

20. FILED MAR 22 1938 H. Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1937, to Mar. 20—, 1938
I last saw her alive on Mar. 19—, 1938. Death is said to have occurred on the date stated above, at 10.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast. & Carcinomatosis.	July 1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 1936
For what disease or injury? Removal of breast.
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac C. Dickson M. D.
(Address) 3055 W. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15078 F 15078

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Potomac St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Lambert B. Woytowitz (Waters) If U. S. Veteran specify WAR

(a) Residence: No. 10 S Potomac St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vincent Woytowitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Septitsky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecilia Woytowitz
(Address) 10 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar 23 1938

19. UNDERTAKER John A. Duncan
(Address) 3000 E. Balto St.

20. FILED 22 1938 Clinton Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/1938

22. I HEREBY CERTIFY, That I attended deceased from July 10 1936 to March 20 1938

I last saw h[illegible] alive on March 10 1936. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7/1935
(Other contributory causes of importance) Tbc Cardiac Complications	3/1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M. D. (Specify)

(Signed) E. Williams Jr. M. D.

(Address) 501 E. Lemmon

45079 ✓ F 45079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. (Ward) 20) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen A. Peters

(a) Residence: No. 3309 Strathmore ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Wm A. H. Peters

6. DATE OF BIRTH (month, day, year) June 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Joseph Peters

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Susanna Hebling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen A. H. Peters

(Address) 3309 Strathmore ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3/23/1935

19. UNDERTAKER John J. Doran

(Address) 1900 E. Baltimore St.

20. FILED Huntington Wellington Registrar.

22 1935

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest, Autopsy or Inquiry) Said that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding Gastric Ulcer	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schnepfer M. D.

Coroner

(Address) 1717 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15080 F 15080

CERTIFICATE OF DEATH

121 Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 15-9

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth 54 yrs. 5 mos. 3 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Orrie John Rider

(a) Residence: No. 2600 Chelsea Terrace, City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, (or) WIFE of Cora Kerr Rider

6. DATE OF BIRTH (month, day, year) Oct-17-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen'l Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. 0073 34

10. Date deceased last worked at this occupation (month and year) March-16-1938

11. Total time (years) spent in this occupation about 30 yrs

12. BIRTHPLACE (city or town) (State or country) Old City Penna

FATHER

13. NAME John T. Rider

14. BIRTHPLACE (city or town) (State or country) Old City Penna

MOTHER

15. MAIDEN NAME Harriet Mattern

16. BIRTHPLACE (city or town) (State or country) Shelbursburg Pa

17. INFORMANT (Address) Mrs Cora K Rider - (wife) 2600 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Mar-22-38

19. UNDERTAKER (Address) Stewart Mortuary 108 W Mosher

20. FILED ..... 19 ..... Registrar.

MAR 22 1938 Huntington Wilkinson 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-18-38, 19..., to 3-20-38, 19...

I last saw him alive on 3-20-38, 19... Death is said to have occurred on the date stated above, at 10:21 m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix — Date of onset

Other contributory causes of importance: Intestinal Obstruction

Was an operation performed? Yes Date of 3-19-38

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Douglas H. Stone, M. D.

(Address) Union Memorial Hosp.

15081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15081

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH Maryland Yacht Club.
CITY OF BALTIMORE: (No.) Broening Park. (Ward) 25-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Lincoln.

(a) Residence: No. Yacht, Arla. Broening Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward on Yacht Arla.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence, R.I.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Eugene H. Beer. Jr.
(Address) 717 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Mar. 23 1938

19. UNDERTAKER Henry W. Meagher
(Address) 225 N. Calvert St

22 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning,	
Probably accidental.	
fall from a wharf.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

5/21/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

15082 ✓ F 15082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 W Baltimore St. 10-3 Ward)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret A. Dorsey.

(a) Residence: No. 2005 W Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Aug 22nd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John. Dorsey

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Lillis

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Catherine Lochbochler.
(Address) 2005 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral. Date 3-23rd-1938

19. UNDERTAKER Bernard C. Hanke.
(Address) 121 E West St

20. FILED ..... Registrar.

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1938 to 3-20 1938

I last saw her alive on 3-20 1938 Death is said to have occurred on the date stated above, at 11-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Auricular Fibrillation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Daniel S. Thornburn M.D.

(Address) 1945 W. Balto St.

15083 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15083

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts St. 12-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Otis C. Brownley

If U. S. Veteran specify WAR

(a) Residence: No. Homewood Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A. Brownley

6. DATE OF BIRTH (month, day, year) Nov. 18-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Brownley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mahitable Porter

16. BIRTHPLACE (city or town) (State or country) Braintree, Massachusetts.

17. INFORMANT Corey Brownley

(Address) 3747 Notions Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date Mar. 23, 1938

19. UNDERTAKER Chas. J. Black

(Address) 702 W. North Ave.

Registrar.

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from JANUARY, 1936, to MARCH 21, 1938

I last saw h'm alive on MARCH 20, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
FISTULA, RECTO-VESICAL	1935
	CVM

Other contributory causes of importance:

UREMIA	March 1938

Was an operation performed? YES Date of JULY, 1935

For what disease or injury? PROSTATIC HYPERTROPHY

Name of operation PROSTATECTOMY

What test confirmed diagnosis? LAB Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. W. Hoffman, M. D.

(Address) 8 East Read St

15084 15084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Iona Terrace St., 8-1 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Caroline Griffith If U. S. Veteran specify WAR .....

(a) Residence: No. 3013 Iona Terrace St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (~~HUSBAND of~~ or) WIFE of Gustave A Griffith

6. DATE OF BIRTH (month, day, year) Jan 17 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Henry A. Dressman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Becker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha E Evans

(Address) 3013 Iona Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Lawn Date Mar 24 1938

19. UNDERTAKER Mr Jefferson Davis

(Address) Hyde Park

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1938 to Mar 22 1938

I last saw her alive on Mar 21 1938 Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart — Date of onset 3/22/38

Other contributory causes of importance:

Chronic valvular disease of heart — 3/19/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W Sanderson M. D.

(Address) 717 N Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15085 — 49E-15085

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4627 Harford St. Ward 52) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie P. Ernest — If U. S. Veteran specify WAR .....

(a) Residence: No. 4627 Harford Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Noah A.

6. DATE OF BIRTH (month, day, year) Dec 5 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~083~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Peru

FATHER

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) Peru

MOTHER

15. MAIDEN NAME Sarah Hershey

16. BIRTHPLACE (city or town) (State or country) Peru

17. INFORMANT (Address) Noah Ernest 4627 Harford ave

18. BURIAL, CREMATION, OR REMOVAL Shrewsbury Pa Date 3/25 1938

19. UNDERTAKER (Address) J. McCoy 1217 E. Fairmount St

20. FILED Huntington Williams M.D. Registrar.

MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Mch 22 1938

I last saw h.. alive on Mch 21, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Adeno-carcinoma ovary — Date of onset Probably Jan 37

Other contributory causes of importance:

Laparotomy - Jan 38. Radium therapy Kelly San. Mch 10 38

Was an operation performed? Yes Date of Jan 38

For what disease or injury? Carcinoma abdominal Cavity.

Name of operation Laparotomy + Closure. for bone

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. N. Hayward M. D.

(Address) 115 E Eager St

5086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5086

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 E. Heath St. 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise A. Eder

If U. S. Veteran specify WAR .....

(a) Residence: No. 39 E. Heath St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 30, 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME David J. Eder Sr.

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Annie M. Schmitt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT David J. Eder Sr. (Address) 39 E. Heath St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 3/23 1938

19. UNDERTAKER Margaret G. Flynn (Address) 1822 Light St

20. FILED 4-1-38 Huntington Williams Registrar.

4-2-1938

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1938

22. I HEREBY CERTIFY, That I attended, deceased from February 1 1938 to 3/20/38 1938

I last saw h[illegible] alive on 3/20/38 P m. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	Feb 1925
Other contributory causes of importance: Mitral Stenosis	Feb 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller, M. D.

(Address) 225 S. Charles St

M. D. F. 1268-9

15087

V F 15087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin Square Hosp (St.) (Ward) 2

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary A. Van Order

(a) Residence: No. Ellicott City, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Van Order

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Valla Cem Date Mar 23 1938

19. UNDERTAKER Easton Sons
(Address) Ellicott City

Huntington Williams NP Registrar.

MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19 1938 to March 21 1938
I last saw her alive on March 21 1938 Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-15-38
Carcinoma Breast	?
Carcinoma Lung	?

Other contributory causes of importance:
Diverticulosis colon

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O H Baughman M. D.
(Address) Franklin Hosp Balto

RECISTRAR'S is very important. See instructions on back of certificate.

15088 B 15088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Abell Avenue St., 42-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Martha Woollen Dorsey

If U.S. Veteran specify WAR

(a) Residence: No. 3216 Abell Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Gordon Dorsey

6. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Dr. Henry Louis Taylor

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

MOTHER

15. MAIDEN NAME Margaretta Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Miss Margaretta Dorsey

(Address) 3216 Abell Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date 3/23 1938

19. UNDERTAKER Keeley & Meaks Funeral Home

(Address) 8 E. Mt. Eutaw St.

[illegible] 19 Registrar.

22 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1930 to March 22, 1938

I last saw her alive on March 21, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	
Other contributory causes of importance: Hypertension and arteriosclerosis.	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin B. Jarrett M. D.

(Address) 1115 St. Paul St., City.

15089 E 15089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Myrtle Mabel Miller

(a) Residence: No. 3739 Keswick Road St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced [illegible] WIFE of Robert J. Miller

6. DATE OF BIRTH (month, day, year) June 16th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsford, Vermont

FATHER

13. NAME Alaric Nichols

14. BIRTHPLACE (city or town) (State or country) Chittendon, Vermont

MOTHER

15. MAIDEN NAME Nellie Shippee

16. BIRTHPLACE (city or town) (State or country) Shrewsbury, Vermont

17. INFORMANT Mr. Robert J. Miller

(Address) 3739 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsford, Vermont Date March 22nd 1938

19. UNDERTAKER Wm J. Lehnert Sons

(Address) Front & Gay

20. FILED MAR 23 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver & Kidney Right Side	
Other contributory causes of importance:	

Was an operation performed? Yes Date March 17, 38

For what disease or injury? Injury

Name of operation Sutured Liver & Kidney Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident March 17, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto Crossing street at Charles & 34 th Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

BE SURE OCCUPATION IS very important. See instructions on back of certificate.

15090 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15090

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Florence Gaster

(a) Residence: No. R. F. D. New Windsor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas. E. Gaster

6. DATE OF BIRTH (month, day, year): July 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fred. Co. Md.

FATHER

13. NAME: Zachariah Clapsaw
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Wilson
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Chas E. Gaster
(Address) R. D. New Windsor, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cemetery Date March 25, 1938

19. UNDERTAKER: C. M. Waltz
(Address) Manfield Md.

MAR 23 1938

19... Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/20/38, 19.., to 3/22/38, 19..

I last saw h.. alive on 3/22/38, 19.. Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Pelvis — Date of onset ...
Following ruptured gangrenous appendix — Date of onset ...

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/9/38

For what disease or injury? Carcinoma Pelvis

Name of operation Appendectomy

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Richard J. Williams M. D.

(Address) Md. General Hosp.

VS 3

15091 F 15091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29183 (MB) 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Melchior

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2417 Lauretta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5/8/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Melchior

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Rothauge

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 24 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

MAR 23 1938 19 Md
(Date) (Registrar) Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937 to March 22, 1938.

I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. DeSaylette, M. D.
(Address) Baltimore City Hospitals

15092 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15092

CERTIFICATE OF DEATH

V 166

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Laurence B. Lastner

(a) Residence: No. 1500 Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Marguerite E. Lastner

6. DATE OF BIRTH (month, day, year) Aug 10th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year) 3/20/38

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Lastner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marguerite E. Lastner

(Address) 1500 Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 24th 1938

19. UNDERTAKER H. W. Cook

(Address) 217 St. Paul St.

20. FILED Huntington Williams Registrar

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by myself (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Asphyxia by drowning

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/21/ 1938

Where did injury occur? Montebello Filtration Plant

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Reservoir

Manner of injury Jumped into water from

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck, M. D. Coroner

(Address) 1911 E. Hoffman St.

15093 E 15093

15093 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 8-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 N. Duncan St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard Vogt

(a) Residence: No. 1829 N. Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Vogt

6. DATE OF BIRTH (month, day, year) April 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Vogt

(Address) 1829 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 3-25-1938

19. UNDERTAKER Albert L. Hilt Jr.

(Address) 1606 N. Chester St.

20. FILED 19 Huntington Williams M.D.

MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1902 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28616 SF

F 45094

CERTIFICATE OF DEATH

83-34 W 45094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

21 y-s

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Johnson o~ (Alice Smith - Johnson)

If U. S. Veteran specify WAR

(a) Residence: No. 1423 E. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 11/22/1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	42	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Docto~ Ga~land

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bu~~y

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/23 '38

19. UNDERTAKER Rayzey Sanders

(Address) 1413 E. Preston St

20. FILED MAR 23 1938 Huntington W. Willianson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-27 , 1937 to 3-19 , 1938

I last saw her alive on 3-19 , 1938 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	unknown
Acute nephritis	one week
uremia	3 days
Other contributory causes of importance:	
none	

Was an operation performed? Yes Date of 3/2/38

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Woodward Jr. , M. D.

(Address) Balto City Hosp.

F 45095

45095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2832 Fakwood St. 13-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Jacobson

(a) Residence: No. 2832 Fakwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca Jacobson

6. DATE OF BIRTH (month, day, year) 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Jacobson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Brina Yakusch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Michael Jacobson
(Address) 2770 Auchentroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Mehrer Herring Run Date 3/23 1938

19. UNDERTAKER Sol Fenner Bros
(Address) 1124 N. North Ave

20. FILED MAR 23 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/22/38

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Crouse M. D.
Coroner

(Address) Coroner

15096 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15096

CERTIFICATE OF DEATH 6-2 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 E Fayette St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Frederick Meyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2422 E Fayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Debina Meyer

6. DATE OF BIRTH (month, day, year) Sept 21 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Suffolk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) 9/3

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Chas F Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E Waverly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry M. Meyer (Address) 4 Ch Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Mar 24 19

19. UNDERTAKER John L. Wheeler (Address) Catonsville

20. FILED MAR 23 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to March 21 1935

I last saw him alive on 3-21 1935. Death is said to have occurred on the date stated above, 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	2 Years
Other contributory causes of importance: Cerebral Hemorrhage	10 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Leary M. D.

(Address) 2530 E Baltimore

VS 3

6

Gunsaule

F 15097

HEALTH DEPARTMENT—CITY OF BALTIMORE

15097

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH Church Home and Infirmary Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 Eye St. 13 Ward) 137

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elizabeth Gunsaule

(a) Residence: No. 3807 Keswick Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Gunsaule

6. DATE OF BIRTH (month, day, year) Aug 22 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Henry Charles

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Jenkins

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Robert T. Mugford

(Address) 2201 Guilford Road

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lauriel Date Mch 24 1938

19. UNDERTAKER R. S. Marshall

(Address) 3539 Falls Rd

20. FILED 19 Registrar

Huntington Williams, M.D.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to March 21 1938

I last saw her alive on March 21 1938. Death is said to have occurred on the date stated above, at 8:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance: Arteriosclerosis	4 years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) Church Home & Infirmary

15098 E 15098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Reservoir Roosevelt Park 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Wilt

(a) Residence: No. 1114 38th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gilbert Wilt

14. BIRTHPLACE (city or town) (State or country) Jefferson W. Va

MOTHER

15. MAIDEN NAME Mary Agnes Lusiburg

16. BIRTHPLACE (city or town) (State or country) St Mary's Co. Maryland

17. INFORMANT Gilbert Wilt

(Address) 1114 W. 38 Street

18. BURIAL, CREMATION, REMOVAL.

Place [redacted] Date Mar. 26 1938

19. UNDERTAKER A. S. Woolschall

(Address) 353 Saratoga

20. FILED 19 Registrar

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Yes (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning — Date of onset 3/21/38

In City Reservoir Roosevelt Park

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, ~~suicide or homicide~~ Date of injury 3/21, 1938

Where did injury occur Reservoir Roosevelt Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Evans M. D.

Coroner

(Address)

REGISTRATION IS VERY IMPORTANT. See instructions on back of certificate.

Cora Abrams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45099

CERTIFICATE OF DEATH

✓92-04 45099

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N. Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cora Abrams

(a) Residence: No. 1336 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Abrams

6. DATE OF BIRTH (month, day, year) Jan. 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Smothers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Johns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fred A Abrams

(Address) 1336 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/23/38

19. UNDERTAKER Thos E. Kelly

(Address)

Huntington Williams & Hyde

Registrar.

20. FILED MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/38

22. I HEREBY CERTIFY, That I attended deceased from 3/7/38 to 3/19/38

I last saw he alive on 3/19/38 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
& Ac. Nephritis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos E. Kelly M. D.

(Address) 1336 N Carey St

15100 HEALTH DEPARTMENT—CITY OF BALTIMORE 15100

CERTIFICATE OF DEATH

√1243

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Beech Ave St., 13-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William A. Schott

(a) Residence: No. 3732 Beech Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Edith Thompson

6. DATE OF BIRTH (month, day, year) Nov. 29-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Simon P. Schott

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Scheffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Edith T. Schott
(Address) 3732 Beech Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. 3-23-38 19

19. UNDERTAKER John Ourature
(Address) John O. Mitchell & Sons 1900 Eutaw Place

20. FILED MAR 23 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible] to March 20, 1938

I last saw him alive on March 20, 1938 Death is said to have occurred on the date stated above, at 11.15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of Liver	
Other contributory causes of importance: Cardiac decompensation	3/1/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cranial exploration No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes No If so, specify

(Signed) J. Emmett Seth M. D.

(Address) 2435 Maryland Ave

F 15101 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15101

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Windsor Ave St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Frances Roxbrough

(a) Residence: No. 3119 Windsor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Roxbrough

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	---	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. Ehlers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Linvelle

16. BIRTHPLACE (city or town) (State or country) -------

17. INFORMANT Carlton E. Roxbrough
(Address) 3119 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. 3-24-38 19

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED . 19 Registrar.

MAR 23 1938 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/17- 1938 to 3/21 1938

I last saw her alive on 3/21 1938 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/21/38
Broncho Pneumonia	1
Arteriosclerosis	7

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stanley Cole M. D.

(Address) 2202 Garrison Blvd.

Spec.—8-16-29—L. Fe S.—100 Bks.

F 45102

45102 Transcript

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 701 Edmondson Ave ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Walter Wiley

(a) RESIDENCE NO. 701 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian E Wiley

6 DATE OF BIRTH (month, day, and year): Dec 16 1883

7 AGE: Years 54 1883 | Months Dec. 3 | Days 16 5 | If LESS than (day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Storekeeper

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Wiley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: ~~Lillian E. Wiley~~ Lillian E. Wiley

(Address): ~~701 Edmondson~~ 701 Edmondson

MAR 23 1938

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-21-38

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1938, to March 21st 1938, that I last saw him alive on March 21st 1938, and that death occurred, on the date stated above, at 12:00 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carson, M. D.

19 (Address) 730 N Bulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn

DATE OF BURIAL: 3/24/38

20 UNDERTAKER: Vernon F Kinsley

ADDRESS: 818 Druid Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

15103

15103

186-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital St. 11 Ward 3

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Grace V. Vaughn

(a) Residence: No. Binghamton St. N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Vaughn

6. DATE OF BIRTH (month, day, year) Sept 24 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westminster Hall

10. Date deceased last worked at this occupation (month and year) 3 38

11. Total time (years) spent in this occupation 7 yr

12. BIRTHPLACE (city or town) (State or country) Wellsburg Pa.

MOTHER FATHER

13. NAME Thomas Vaughn

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Elmira West

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Grace Vaughn

(Address) Binghamton N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Binghamton N.Y. 3/25/38

19. UNDERTAKER Geo. A. Farley

(Address) Fulton & Fayette

20. FILED 19 Registrar

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compression and Edema of brain.	
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/19/1938

Where did injury occur? Westminster Hall

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Slipped & fell from door of store & sidewalk and fell striking head

Manner of injury

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Ram Cramer Coroner M. D.

(Address) 13 E. Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45104 ✓ 164-J 45104

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Rutherford Ave St 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H Rueckert

(a) Residence: No. 3301 Rutherford ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria L. Rueckert

6. DATE OF BIRTH (month, day, year) Dec 14 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo Rueckert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lyt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Maria L. Rueckert

(Address) 3301 Rutherford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Mar 23 1938

19. UNDERTAKER Leonard J Ruck

(Address) 3301 Rutherford Ave

20. FILED MAR 23 1938 H Austin Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date and place stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (illuminating gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/20 1938

Where did injury occur? 3301 Rutherford Ave Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burned in gas burner

Nature of injury Gas Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuyler M. D. Coroner

(Address) 1212 E. Fayette St.

LSG

34 2934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15105

CERTIFICATE OF DEATH

✓ 23 F 15105

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1 1 + Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Powell

If U. S. Veteran specify WAR

(a) Residence: No. 934 Madison Ave — Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/2/05 —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. Can —

FATHER

13. NAME Richard Powell

14. BIRTHPLACE (city or town) (State or country) U-Can —

MOTHER

15. MAIDEN NAME Missouri Shaw

16. BIRTHPLACE (city or town) (State or country) U-Can

17. INFORMANT Friends —
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Auburndale, N.C. Date 3 25 1938

19. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Ave.

20. FILED MAR 23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1938 to Mar 21, 1938

I last saw h— alive on Mar 21, 1938 Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 17, 1938

For what disease or injury? Pulmonary Tbc.

Name of operation Thoracoplasty

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. A. Pickrell, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE #31504

CERTIFICATE OF DEATH

F 45106 ✓107-a F 45106 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Johnson

(a) Residence: No. 725 N. Spring St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/1937

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Beaufort

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date March 25 38

19. UNDERTAKER Robert W. Williams

(Address) 1515 McCulloh St

20. FILED MAR 23 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 21, 1938

I last saw him alive on March 21, 1938. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Acute cervical adenitis	

Was an operation performed? yes Date of March 16/38

For what disease? acute suppurative cervical adenitis

Name of operation incision & drainage

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or elsewhere: place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. Franklin M. D.

(Address) Baltimore City Hosp

pneumonia not given yet at time of signing death certificate

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45107

CERTIFICATE OF DEATH

93-CF 45107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E Biddle St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wilburn

(a) Residence: No. 1820 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Evelyn Wilburn

6. DATE OF BIRTH (month, day, year) Nov 25-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga

FATHER

13. NAME John Wilburn

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Dalla Williams

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mrs Evelyn Wilburn

(Address) 1820 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 23 1938

19. UNDERTAKER Robt Williams

(Address) 1515 McCulloh St

20. FILED MAR 23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, Autopsy or Inquiry~~ thereon and from the evidence ~~obtained by said Inquest, Autopsy or Inquiry~~ find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/15/38
Other contributory causes of importance: Chronic Nephritis	10/1/37

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D. Coroner

(Address) 50 Pleasant St

45108

HEALTH DEPARTMENT—CITY OF BALTIMORE

45108

CERTIFICATE OF DEATH

35a

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 873

CITY OF BALTIMORE: (No. Bay View St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Palmer

If U. S. Veteran specify WAR

(a) Residence: No. 9 Penn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stamper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pot Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Palmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Pauline L.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emma Scott

(Address) 4 Penn Ln

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/23 1938

19. UNDERTAKER Charles G. Cooper

(Address) 5724 Calhoun St.

20. FILED 19

Huntington Ave Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5 days

Other contributory causes of importance: Mitral Stenosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. G. Cooper M. D.

Coroner

(Address) 1112 N. Broadway

V S 6

MAR 23 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45109 — CERTIFICATE OF DEATH — X 18 — F 45109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Charles Edward Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. Darlington, Maryland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Juliet Brannon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Jackson Jr

(Address) Whiteford Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Shrub Md Date Mar 23 1938

19. UNDERTAKER Robert L Hafer & Co

(Address) Delta, Pa.

20. FILED MAR 23 1938 Huntington Williams N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19 1938 to March 22 1938

I last saw him alive on March 22 1938. Death is said to have occurred on the date stated above, at 6 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic meningitis	3-17-38

Other contributory causes of importance:

Arteriosclerotic heart disease	
Azotemia	3-21-38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45110

CERTIFICATE OF DEATH

8-6 ✓ 93-e

F 45110

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E. Federal St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME JOHN LEWIS

(a) Residence: No. 1734 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Lewis

6. DATE OF BIRTH (month, day, year) June 29.1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom maker do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 3-12-38

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Lewis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Hubner.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Grace Rodgers

(Address) 1734 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Date Mar.23.1938

Place 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry P. Sander.

(Address) Baltimore & Broadway.

Mar 23 1938 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938 to March 18th, 1938

I last saw h[illegible] alive on March 18th, 1938. Death is said to have occurred on the date stated above, at 12.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	1
Other contributory causes of importance: Chronic Bronchitis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Patterson Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15111 46-B F 15111

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2313 Chelsea Terrace 15-9 Ward)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James Brannen
(a) Residence: No. 2313 Chelsea Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha L. Stockedale Brannen

6. DATE OF BIRTH (month, day, year) July 2 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R Co
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME James Brannen
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ann Leonard
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Vernon Ettinger
(Address) 2313 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place United Brethren Date March 24 1938
Fairmount Md
19. UNDERTAKER Charles H Black
(Address) 742 W North Ave

MAR 23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20 1938 to March 22 1938
I last saw h.[illegible] alive on March 22 1938 Death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Carcinoma of Stomach	July 1937
Other contributory causes of importance: - Cirrhosis Liver - Chronic	?

Was an operation performed? No Date of
For what disease or injury? No
Name of operation None
What test confirmed diagnosis? X-Ray? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) 4104 Liberty Hts Ave

6 a

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45112

CERTIFICATE OF DEATH

107-aF 45112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Illay 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Young

If U. S. Veteran specify WAR

(a) Residence: No. 1138 Illay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Sing/C

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-9-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. day-work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Va

FATHER

13. NAME John Young
14. BIRTHPLACE (city or town) (State or country) Accomac Va

MOTHER

15. MAIDEN NAME Isabella White
16. BIRTHPLACE (city or town) (State or country) Accomac Va

17. INFORMANT John Young (Address) 1138 Illay St

18. BURIAL, CREMATION, OR REMOVAL Place Metompkin, Va Date March 23, 1938

19. UNDERTAKER J. Edgar Thomas. (Address) Accomac Va

20. FILED MAR 23 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1938 to 3-22, 1938

I last saw h/M alive on 3/22, 1938 Death is said to have occurred on the date stated above, at 9:45 a.m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 wks

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) L. Thomas M. D.

(Address) 1500 E. Madison St

5113 ✓ E 45113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR World War

2. FULL NAME George W Sewell

(a) Residence: No. 238 S Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola Sewell

6. DATE OF BIRTH (month, day, year) Sept 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	44	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manuffr 3 07 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME [illegible] Sewell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura Patterson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Viola Sewell

(Address) 238 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date Mar 25 19 38

19. UNDERTAKER Lottie Graves

(Address) 1402 Ashland Ave

20. FILED Mar 28 19 38 Registrar [illegible]

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	[illegible]

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold W Wood M. D.

Coroner

(Address) [illegible]

F 4514 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 F 4514

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2922 Ridgewood Ave 13 Ward)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Fieldman

(a) Residence: No. 2922 Ridgewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Helen

6. DATE OF BIRTH (month, day, year)

7. AGE: 54 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Type setter 0163
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: wife (Address) 2922 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Date 3-23- 1938

19. UNDERTAKER: Jack Levy Inc (Address) 1439 E Baltimore St

Registrar. Washington Williams

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935 to March 23 1938

I last saw him alive on March 23 1938 Death is said to have occurred on the date stated above, at 3-55 ms.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1934 ?
Cerebral thrombosis	1938
Bulbar paralysis	March 1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Probably If so, specify metal poisoning as printer

(Signed) Benjamin Pushkin M. D.

(Address) 2308 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15115

CERTIFICATE OF DEATH

46-f F 15115

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E. Pratt St 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Burkom

(a) Residence: No. 1425 E. Pratt, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Abraham Burkom

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 80; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Benjamin —

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Rachael —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morris Burkom

(Address) 1525 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Friendship Cem. Date: 3-23-38

19. UNDERTAKER: Pace Lewis Inc

(Address) 1431 E. Baltimore St

20. 3-23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-22- 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb-24 1938 to March-22- 1938

I last saw her alive on March-22 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - head of Pancreas - Gallbladder & liver — Date of onset: about Sept 1937

Other contributory causes of importance: None

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-Ray & Lab tests Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Fatal injury ... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

15116 E 15116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31628--hw

Registered No. 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George John Carl

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 4/6/1864,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Carl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hannselman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/23/38.

19. UNDERTAKER: H. B. Wyckoff

(Address) 310 Eutaw Street

20. FILED Huntington Williams Registrar.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1938 to 3-19 1938

I last saw him alive on 3-19 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach with metastasis	Unknown
Bronchio Pneumonia	2 days

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) LL-Woodward Jr. M. D.

(Address) Balto. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

15117 15117

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 19-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lela Hyde

(a) Residence: No. 1827 W. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bobby Hyde

6. DATE OF BIRTH (month, day, year) Feb 4 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0027

12. BIRTHPLACE (City or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Robert D Taylor

14. BIRTHPLACE (City or town) Alexandria Va

15. MAIDEN NAME Rebecca A Hall

16. BIRTHPLACE (State or country) Balto Md

17. INFORMANT Thomas R Taylor

(Address) 2214 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Date 3/24/38

19. UNDERTAKER J. B. Kappel & Son

(Address) 1300 Eutaw Pl

20. FILED 3 1938 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1938 to March 22 1938

I last saw h[illegible] alive on March 22 1938 Death is said to have occurred on the date stated above, at 9:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic endocarditis	Jan. 12
Lobar pneumonia Type I	Feb. 13.
Pneumococcic ~~endocarditis~~ septicemia	March 18

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nachman Hanison M. D.

(Address) University Hospital

Fr. Barrozza = 5217 York Road

F 15118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15118

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. High St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Dente

(a) Residence: No. 408 S. High St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Dente

6. DATE OF BIRTH (month, day, year) March 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Baingalupo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Baingalupo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Albert Dente

(Address) 3708 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date March 24 1938

19. UNDERTAKER Thanhouser & Son

(Address) 3615-17 Chestnut Ave

20. FILED MAR 23 1938 Huntington Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1938 to Mar. 21 1938

I last saw her alive on Mar. 21, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hypertensive Cardio-Vascular Disease	1937
b Cerebral Hemorrhage	1938
Other contributory causes of importance:	
Obesity	?
Senility	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony Barrozza M.D.

(Address) 5217 York Rd.

45119 St. Paul's - Episcopal Cem 45119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W 34th St 43-b Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel E. Cross

(a) Residence: No. 702 W. 34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

FATHER

13. NAME Caleb Cross

14. BIRTHPLACE (city or town) md.
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Merryman

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Fannie M. Cross.
(Address) 114 W 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Loreys Baltimore Co. md Date March 1938

19. UNDERTAKER Thurnwald Bros.
(Address) 3615 Edmondson Ave

20. FILED Huntington Williams M.D.
Registrar.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 16, 1938 to MARCH 22, 1938

I last saw him alive on MARCH 22, 1938. Death is said to have occurred on the date stated above, at 3 05 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 3-21-38

Other contributory causes of importance:

Arteriosclerosis — several years.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Examination

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Davis M. D.

(Address) 800 W 33rd St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45120 — 94-a — F 45120

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Markley Ave. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. Schultz

(a) Residence: No. 2918 Markley Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Cann Schultz

6. DATE OF BIRTH (month, day, year) Feb. 2nd, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maggie Schultz (Wife)
(Address) 2918 Markley Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/25/1938

19. UNDERTAKER Margaret J. Filyaw
(Address) 1422 Light Street

20. FILED MAR 23 1938 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22— 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/2— 1938 to 3/23— 1938

I last saw h.. alive on 3/21— 1938. Death is said to have occurred on the date stated above, at 7-8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1936
Other conditions of importance, Myocarditis and Influenza Pneumonia	1/15/38

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Lee Bruce M. D.

(Address) 1340 N. Charles St

✓ F 45121

45121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 2827

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 S. Caroline St. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph W. Venable If U. S. Veteran specify WAR

(a) Residence: No. 745 S Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Co. Va.

FATHER

13. NAME Peter Venable

14. BIRTHPLACE (city or town) (State or country) Prince Edward Co. Va.

MOTHER

15. MAIDEN NAME Betty Cater

16. BIRTHPLACE (city or town) (State or country) Prince Edward Co. Va.

17. INFORMANT Mrs. Cater 725 S. Caroline St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 23 1938

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED Huntington Williams Registrar

MAR 23 1938 3302

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquest died that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	1 hour
b Cardiac Insufficiency	1 hour
c	
d	

Other contributory causes of importance: Arteriosclerosis Chronic

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Max. H. Wood, M. D. Coroner

(Address) 1211 N. Eutaw St.

15122 F 15122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Length of residence in city or town where death occurred 46 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Charles Hartman

(a) Residence: No. North Point Rd. & Moffit Ave. St., ... Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Minnie Evans

6. DATE OF BIRTH (month, day, year) Dec. 5, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 6086

10. Date deceased last worked at this occupation (month and year) 1-1-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Dec. 5, 1890 md

FATHER

13. NAME Michael Hartman

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Mary Hass

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore National Date 3/25/38

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Fayette Sts.

20. FILED 3 1938 Huntington Williams, M. D.
Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1938 to March 22, 1938.

I last saw him alive on March 22, 1938 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1929
Tuberculosis, intestines	1933

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 4512 3 — 131 F 4512 3 — Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Loudon Park Cemetery St., 20-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Zink

(a) Residence: No. 3801 Frederick Ave. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Ruth S. Zink

6. DATE OF BIRTH (month, day, year) Jan. 24th. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loudon Park Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Conrad Zink

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Mary Weaver

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

17. INFORMANT Mrs Ruth S. Zink

(Address) 3801 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/24 1938

19. UNDERTAKER Frederick A. Ohl

(Address) 1200 W Fayette St.

APR 23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to March 22 1938

I last saw h[illegible] alive on March 21 1938 Death is said to have occurred on the date stated above, at 2.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1932
Uremia	March 19 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45121 — 92-a — F 45121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Harlem Ave. St., 16-S Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily Elizabeth Shields,

(a) Residence: No. 2423 Harlem Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson H. Shields,

6. DATE OF BIRTH (month, day, year) January 29. 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles S. Souder,

14. BIRTHPLACE (City or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Helen Barth.

16. BIRTHPLACE (City or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Nelson H. Shields, 2423 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 24 1938

19. UNDERTAKER (Address) Geo W Little 2700 Edmondson Ave

Registrar. Huntington Williams M.D.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 21 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938. to March 21 — 1938

I last saw h[illegible] alive on March 21 — 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	10-3-37
	0-22-6

Other contributory causes of importance:

Neuritis and Arteritis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P. S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

✓ F 45125

HEALTH DEPARTMENT—CITY OF BALTIMORE

125

CERTIFICATE OF DEATH

70-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME JOSEPH N. SEWELL

If U. S. Veteran specify WAR .....

(a) Residence: No. 1123 BONAPARTE AVE., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JAN-30-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none ppd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Univerity Hosp Balto. Md

MOTHER FATHER

13. NAME Joseph Norville Sewell

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rose Cox

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Joseph N. Sewell
(Address) 1123 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date MARCH 25 1938

19. UNDERTAKER M. Taylor
(Address) 1000 N. Eutaw Ave.

20. FILED ..... Registrar.
MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/1938

22. I HEREBY CERTIFY, That I attended deceased from 3/18/1938 to 3/23/1938

I last saw HIM alive on 3/23/1938 Death is said to have occurred on the date stated above, at 6.40 Am.

The principal cause of death and related causes of importance were as follows:

THROMBOCYTOPENIC PURPURA — Date of onset MARCH 1938

Other contributory causes of importance:

SECONDARY ANAEMIA — MARCH 1938

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Emmett A Dagger, M. D.
(Address) UNIVERSITY HOSPITAL

E 15126

HEALTH DEPARTMENT—CITY OF BALTIMORE

5126

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Santa Leo

(a) Residence: No. 625 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frank (Santa) Leo

6. DATE OF BIRTH (month, day, year) March 4, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER'S FATHER

13. NAME Joseph Falaca

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Maria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Leo

(Address) 625 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date March 26, 38

19. UNDERTAKER Albert W. Peregoy

(Address) 440 E. North Ave.

20. FILED Huntington Wilkinson, Registrar.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-8-1938 to 3-23-1938

I last saw h.er alive on 3-23-1938 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial (possibly intraventricular) hemorrhage	14 hrs.
Hypertensive cardio-vascular disease, c arteriosclerosis	
Other contributory causes of importance:	
Diabetes mellitus	
Chronic cholecystitis	

Was an operation performed? Yes Date of 3-16-38

For what disease or injury? Chronic cholecystitis, ventral hernia

Name of operation Cholecystectomy, appendectomy, ventral herniorrhaphy

What test confirmed diagnosis? Surg. & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eug. H. Brack, M. D.

(Address) Mercy Hospital

17

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45127

CERTIFICATE OF DEATH

210-M F 45127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 12-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Ridgaway

(a) Residence: No. 2037 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Ridgeway

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 607
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Saleslady
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John A. McCall
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mooney
16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Wm. Ridgaway
(Address) 2037 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/20/ 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] MAR 23 1938 19 [illegible] Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Feb. 21, 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. Crossing Street

Nature of injury at Fulton & North Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A R Brodie, M. D.
Coroner

(Address) 2257 W. Mul

5128 ✓ F 15128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1555 Clifton Ave. St. 13-3 Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Lorey

(a) Residence: No. 1555 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Gates

6. DATE OF BIRTH (month, day, year) Aug. 20, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons. Gas & E. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John Lorey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ----

17. INFORMANT Annie R. Stout
(Address) 1555 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Cemy. Date 3/24/38

19. UNDERTAKER John C. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

3 1938 Huntington Williams Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Date of onset 3/21/38

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Evans M. D.
Coroner

(Address) Coroner

15129 F 45129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Cregier St. 27-6 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Regina Welch

(a) Residence: No. 2610 Cregier ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F Welch

6. DATE OF BIRTH (month, day, year) 5-9-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation retired

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. F Welch

(Address) 2610 Cregier ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Burial) 3/24 1938

19. UNDERTAKER Leonard F. Buck

(Address) 5305 Harford ave.

20. FILED 3 1938 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1/38 to 3/22/38

That I saw h[illegible] alive on 3/22, 1938 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Autopsy Where an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leon Colby, M. D.

(Address) 5703 Harford Av.

✓ F 45130

HEALTH DEPARTMENT—CITY OF BALTIMORE

45130

CERTIFICATE OF DEATH

CGK--31655 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Stine

(a) Residence: No. 200 S. Smallwood St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2-3-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ocd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Seiffert

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, REMOVAL
Place Prospect Hill Date March 24 38

19. UNDERTAKER William Coale
(Address) 1217 St Paul St

20. FILED MAR 23 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to March 22 1938

I last saw him alive on March 22 1938 Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-20-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 15131

5131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Holden ave. St., 27-3 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleana Virginia Cable

If U. S. Veteran specify WAR

(a) Residence: No. 4505 Holden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry A. Cable

6. DATE OF BIRTH (month, day, year) July 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 07	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William J. Kelso

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frances Ayres

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Reynolds Cable

(Address) 4505 Holden ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar. 25 1938

19. UNDERTAKER John Burns' Sons

(Address) Towson, Md.

20. FILED 19 Registrar

MAR 3 1938

Huntington

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came
(Inquest, Autopsy or Inquiry)
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortex Monocyte Leukemia (Lymphatic type)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/22, 1938

Where did injury occur? 4505 Holden ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on all burners on gas range.

Nature of injury Gas range.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schleyer, M. D.
Coroner

(Address) 1912 E. North ave.

VSG

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15132

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lois R. Bromsfield If U. S. Veteran specify WAR

(a) Residence: No. 120 Guilford Hotel St., St - Ward Baltimore Md (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/7/76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass -

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Ottawa Ohio Date Mar 25 1938

19. UNDERTAKER Kelly & Zeller Inc (Address) 1435 Fulton Ave

20. Date Filed MAR 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar - 15, 1938 to Mar - 22, 1938

I last saw her alive on Mar 22, 1938 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	3/21/38
following Arthrodesis of Left Hip	

Other contributory causes of importance:

Generalized Osteoarthritis	45 yrs
Generalized Arteriosclerosis	

Was an operation performed? yes Date of 3/17/38

For what disease or injury? Osteoarthritis & Fibrous Ankylosis

Name of operation Arthrodesis Hip Left.

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton C. Colby M. D.

(Address) Johns Hopkins Hospital

MAR 23 1938

57

133
3356 6 6

F 45133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Nevcast — If U. S. Veteran specify WAR

(a) Residence: No. Street - Maryland Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 4/22/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James J. —

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Georgeanna McKeown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Friends - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stat[illegible] Date [illegible] 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

8-24-1938 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937, to June 23, 1938

I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of femur right, with metastases	5 years
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 1937

For what disease or injury? Sarcoma of femur

Name of operation Incision + biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard A Kelly M.D.

(Address) Johns Hopkins Hospital

45134 HEALTH DEPARTMENT—CITY OF BALTIMORE 45134

343385 CERTIFICATE OF DEATH V 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13 St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Mrozinski (Laurence Anthony Mrozinski)

(a) Residence: No. 2014 Fountain St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/28/38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Leonard Mrozinski

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Mary Bojarski

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date March 24 1938

19. UNDERTAKER Tyge A. Weber (Address) 705 S. Ann St

MAR 24 1938 Registered ... 19... By ... Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1938, to March 22, 1938

I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity, — Date of onset Birth

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiles, Jr., M.D.

(Address) Johns Hopkins Hospital

E 45135

45135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5309 Vernon St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John W Frey Jr

(a) Residence: No. 5308 Vernon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarilda Frey

6. DATE OF BIRTH (month, day, year) Sept 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laytonsville Md

FATHER

13. NAME Josiah Frey

14. BIRTHPLACE (City or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Frey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John W Frey Jr

(Address) 2158 Drum Hill Lane

18. BURIAL, CREMATION, OR REMOVAL

Place White Rock Cem. Date Mar 26 1938

19. UNDERTAKER Geer & Son Inc.

(Address) Laytonsville, Md.

MAR 24 1938

19 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Mar 15 1938
Other contributory causes of importance: Tumor of Bladder	Jan 1938

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Loyd S. Allen M. D.

Coroner

(Address) 509 Ansgarius St

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45136 — 93-C F 45136 — Registered No.

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) Cecil Apts - St. 11-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 dy. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Elizabeth Worthington Dorsey Ligon — If U. S. Veteran specify WAR NONE

(a) Residence: No. Cecil Apts - St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 7 1858

7. AGE — Years: 79 — Months: 10 — Days: 15 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none — 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

13. NAME OF FATHER: Thos. W. Ligon

14. BIRTHPLACE (city or town) (State or country): Prince Edwards Co Va.

15. MAIDEN NAME OF MOTHER: Mary T. Dorsey

16. BIRTHPLACE (city or town) (State or country): Howard Co Md.

17. INFORMANT: Mrs F. G. Richards (niece) (Address) 1816-24th St. N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL: Place St Johns Elliott City Date Jan 24 1938

19. UNDERTAKER: Stewart & Company (Address) 108 W. Mount Ave.

MAR 24 1938 — Huntington Williams — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 4 1938 to March 22 1938

I last saw h[er] alive on March 22 1938. Death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia	March 10 38
Chronic Hypertrophied disease	?
Arteria Sclerosis	?

Other contributory causes of importance:

Was an operation performed? Yes — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes — If so, specify

(Signed) Chas W Lovered M. D.

(Address) 1327 Park Ave

Dr. Chas W. Lovered

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45137

CERTIFICATE OF DEATH

✓ 173 F 45137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Goode

(a) Residence: No. 1101 Story St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ?

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W P Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Occoquan, Va

FATHER

13. NAME Richard Goode

14. BIRTHPLACE (city or town) (State or country) Rappahannock, Va

MOTHER

15. MAIDEN NAME Venie Fauntleroy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Williams (Undertaker)

(Address) 3224 Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Mar. 25, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Schroeder St.

MAR 24 1938 Huntington Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Abdomen, Lacerated Liver, Spinal Perforation	16 hrs.
Other contributory causes of importance: Peritonitis	12 hrs.

Was an operation performed? Yes Date of March 19 38

For what disease or injury? Gun Shot Wound of Abdomen

Name of operation Repair of Liver & Exploration Date of 3/19/38

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3/19, 1938

Where did injury occur? Lucky 32 & Tennant Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Tavern

Manner of injury Murder

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Shamo M. D.

Coroner

(Address) 2760 Lucas Place

S 6

F 15138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173 F 15138

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. County Sanatorium, Hillsmont St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 (?) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Isaac Green

(a) Residence: No. 1102 Cloney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Elizabeth Green

6. DATE OF BIRTH (month, day, year) 1838 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handy Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer & ag gardner Loader - Ice cream plant

10. Date deceased last worked at this occupation (month and year) March 38

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Williams (Undertaker)

(Address) 322 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 24, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED MAR 24 1938 for Williams Registrar

MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy & Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds of Lung (Left)	3 hrs
Other contributory causes of importance: Pulmonary Hemorrhage	3 hrs

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury March 19, 1938

Where did injury occur? Cor. Saratoga & Howard Sts (S.E. Cor)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place (Tavern)

Manner of injury Shooting

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Adams M. D.

Coroner

(Address) 2360 Eastern place

F 45139

5139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Shannon Drive St. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas E. McBride

(a) Residence: No. 3017 Shannon Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Murphy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME McBride

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME ———

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Daniel McBride
(Address) 3017 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 26 1938

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Huntington Williams, M.D. Registrar.

MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to March 22, 1938

I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	1 yr.

Other contributory causes of importance:

none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. E. Hollowell M. D.

(Address) 888 N. Lombard St

M. D. B 1268-9

F 45140 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45140

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME If U. S. Veteran specify WAR

(a) Residence: No. 908 N. Fulton Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Douglas

6. DATE OF BIRTH (month, day, year) Aug 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME James E. Douglas

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Margaret A. Fudor

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mary E. Douglas

(Address) 908 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date March 25, 1938

19. UNDERTAKER Thos. Wood & Son

(Address) 1515 Chestnut Ave.

MAR 24 1938

(Date Filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

	Date of onset
Hemiplegia (Cerebral Edema)	1 hr
Other contributory causes of importance Arteriosclerosis Heart disease Hypertension	3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Can not say

(Signed) Michael J. Hearne, M. D. Coroner

(Address) 2360 Eastern Ave

33967 8
15141

HEALTH DEPARTMENT—CITY OF BALTIMORE

15141

CERTIFICATE OF DEATH

92-a

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Ellen Bradley

If U. S. Veteran specify WAR .....

(a) Residence: No. Pikesville Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bradley

6. DATE OF BIRTH (month, day, year) 1/26/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Noah Stuckdale

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Untzinn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Friends — JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Lorraine Mount, Carroll Co. Md. Date, March 26, 1938

19. UNDERTAKER Brunow & Son (Address) 36-514 E. Lexington St.

20. FILED MAR 24 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1938 to Mar. 23 1938

I last saw her alive on Mar. 23 1938 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1932
Congestive heart failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas A. Blum M. D.

(Address) Johns Hopkins Hospital

E 45142 E 45142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 15th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Matthew R. E. Clarke

(a) Residence: No. 1535 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Clarke

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Monroe Clarke

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Gladys Randall

(Address) 1535 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Mar. 22 1938

19. UNDERTAKER Thomas E. Nelson

(Address) 1363 Preston St.

20. FILED MAR 24 1938 H. Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21 1938

22. I HEREBY CERTIFY, That I took charge of the case described above, held an inquest (Autopsy or Inquest) and from the evidence obtained by me (Autopsy or Inquest) said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Typhoid Septicemia

Complication of Syphilis - Aortic Stenosis

Other contributory causes of importance:

Pulmonary Oedema left lung

Date of onset
3/18
?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George E. Allen, M. D.

(Address) 509 Augusta St.

34225-4
15143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15143

✓ 23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Franceschetti — If U. S. Veteran specify WAR .....

(a) Residence: No. 924 N. Luzerne St., East Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/17/01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36 3.7	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S.A. Watchman 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

FATHER

13. NAME Jacob Franceschetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lucia Sliscendi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date March 26 1938

19. UNDERTAKER Frank Dallas Wade (Address) 512 N. Monday Ave

20. FILED ..... 19 ..... (Registrar)

MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938 to March 22, 1938.

I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 3 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ill. Miliary tuberculosis	Feb '38
Tuberculosis of genito urinary tract	1933
Tuberculous atelectasis + pneumonitis	Jan 1938
Uraemia	Feb '38
Other contributory causes of importance: Anaemia from blood loss	Sept 1937

Was an operation performed? Yes Date of 1930-1936

For what disease or injury? Tuberculosis of kidney + L.U. tract

Name of operation? Nephrectomy, epididymectomy

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Frederick H. Iglehart M. D.

(Address) 1301 N. Patterson Park Ave

Intern at Johns Hopkins Hospital

15144 F 15144

HEALTH DEPARTMENT—CITY OF BALTIMORE

15144 122-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital 6-4
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Katz

(a) Residence: No. 1803 E Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe.

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 3/24/38

19. UNDERTAKER Jos. Louis Katz
(Address) 1435 E Baltimore St.

20. FILED ..... 19 ..... Registrar.

MAR 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1938, to 3/23, 1938
I last saw h... alive on 3/23, 1938. Death is said to have occurred on the date stated above, at 7:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cardiac Failure	
2 Intestinal Obstruction	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Goudelock M. D.
(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45145 CERTIFICATE OF DEATH 131 F 45145

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R. Chambers

If U. S. Veteran specify WAR

(a) Residence: No. 222 Birkwood Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME John Chambers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address) Mercy Hosp. - Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph's Cem - Govans, Md. 3-25 '38

19. UNDERTAKER John J. Fahey & Sons
(Address) 1318 Eutaw Pl Baltimore Md

20. FILED 3 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/12/38 1938 to 3/22 1938

I last saw h. LM alive on 3/22 1938. Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/1/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Lesansky, M. D.

(Address)

45146 HEALTH DEPARTMENT—CITY OF BALTIMORE 45146

CERTIFICATE OF DEATH

8-6 V 110

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637-W. Broadway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helene Stalfert

If U. S. Veteran specify WAR no

(a) Residence: No. 1637-W. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gerhard C.E. Stalfert

6. DATE OF BIRTH (month, day, year) 6/12/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8?	10	XX XX X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Dahnke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Millie Stalfert

(Address) 1637-W. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/25/38 19

19. UNDERTAKER Geo. J. Roth, Inc.

(Address) 1735-Harford Ave

20. FILED 19 Registrar

MAR 24 1938 Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 22, 1938

I last saw her alive on March 21, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy, Bronchitis & Infirmities	
Other contributory causes of importance: Infirmities of age	

Was an operation performed? none Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. O. Carman M. D.

(Address) 1701 N Carolina st

15147 HEALTH DEPARTMENT—CITY OF BALTIMORE 15147

CERTIFICATE OF DEATH

91-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Adam Hecker

(a) Residence: No. 5013 Walther Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Minnie Hecker (Deceased)

6. DATE OF BIRTH (month, day, year) June 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Hecker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catharine Bomon

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Mrs. Minnie Hecker

(Address) 5013 Walther Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/25/38 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED MAR 24 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to March 22, 1938.

I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Intracts tactual endocarditis — Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Edwin Mullen M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45148

53-C

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham P. Miller

(a) Residence: No. 410 Hilldale Terrace St., ... Ward. Miami Beach, Fla.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/19/69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1900

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Miller M.D.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Caroline Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Bals. Hebr. Cem. Date Mch. 25, 1938

19. UNDERTAKER Abrid Sonnheim & Son

(Address) 1902 Eastern Ave.

20. FILED ..., 19... Registrar

MAR 24 1938

(Inscription illegible)

D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1938 to Mar. 23, 1938

I last saw h[illegible] alive on Mar. 23, 1938. Death is said to have occurred on the date stated above, at 1205 m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - Malignant — Date of onset

Other contributory causes of importance:

None

Was an operation performed? No Date of March 21, 1938

For what disease or injury? Brain Tumor

Name of operation Right Craniotomy & Excision

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

F 45149

45149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Jenkins St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Allen

(a) Residence: No. 1015 Jenkins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Allen

6. DATE OF BIRTH (month, day, year): April 2-1900

7. AGE: Years 37 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Suffolk Va

FATHER

13. NAME: Richard Allen

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Mrs Virginia Allen (Address) 1015 Jenkins St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem Date Mar 24

19. UNDERTAKER: [illegible] (Address) [illegible]

Mar 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Septic Infected Laceration

Pneumonia

Date of onset: About Mar 16 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Lexington St

V S 8

F 45150

45150 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W Biddle St.) 17-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leslie W Wise

(a) Residence: No. 523 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23-1936

7. AGE	Years	Months	Days	LESS than 1 day, hrs. or min.
	2	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Wise

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ida Coleman

16. BIRTHPLACE (city or town) (State or country) Ne

17. INFORMANT Mrs Ida Wise

(Address) 523 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Mar 2 19

19. UNDERTAKER Adolphus Hall

(Address) 9 S Eutaw St

20. FILED 19 Harrington Williams Registrar

MAR 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchial Pneumonia

Date of onset 3/18/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Callen M. D.

(Address) 20 E Lanvale Coroner

45151 E 45151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Richardson St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran give WAR

2. FULL NAME Simon Novak or Szymon Nowak

(a) Residence: No. 1444 Richardson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of [illegible]: Antonina

6. DATE OF BIRTH (month, day, year): October 25 1869

7. AGE: Years 68 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown.

17. INFORMANT: Geo. Novak (Son)
(Address) 1444 Richardson St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 28 1938

19. UNDERTAKER: George A. Weber
(Address) 705 S. Ann St

20. FILED: MAR 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to March 24 1938

I last saw h[illegible] alive on Mar. 22 1938 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Angina Pectoris — Date of onset ? 1yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George S. Patterson M. D.

(Address) 732 S. Patterson Park Ave.

15152 E 15152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3429 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bennie Banks

(a) Residence: No. 135 N. Chapel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2-20-21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Willie Banks

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosa Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/28 1938

19. UNDERTAKER Edw. Bryan
(Address) 1241 Orleans St

20. FILED MAR 24 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1938 to 3-22 1938

I last saw him alive on 3-22 1938. Death is said to have occurred on the date stated above, at 4 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary abscess.	3/17/38
(b) Bronchopneumonia	3/10/38
(c) Acute endocarditis	3/2/38
(d)	

Other contributary causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dalton Crosby M. D.

(Address) Johns Hopkins Hospital

45153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45153

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Chapel St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Bright

(a) Residence: No. 8 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Randolph

6. DATE OF BIRTH (month, day, year) June 1 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	37	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans La.

FATHER

13. NAME Edgar Lamure

14. BIRTHPLACE (City or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT George Bright 8 N. Chapel St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date March 26 38

19. UNDERTAKER Martin H. E. Duppel
(Address) 37 S. Eden St.

20. FILED ..... 19... Registrar.

1938 (Huntington Williams, M.D.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23 1938 to Mar 24 1938

I last saw h... alive on March 24 1938. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Randolph Horn, M. D.

(Address) 3215 Eutaw Ave

15151

HEALTH DEPARTMENT—CITY OF BALTIMORE

15151

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 N. Washington St St., 8-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME John L. Murphy

(a) Residence: No. 1538 N. Washington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted] Waiter in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lunch room

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary M. Dee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine C. Beyer

(Address) 423 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 26 38

19. UNDERTAKER Roll C. & B. M. Walter

(Address) Pratt & Stricker Sts

MAR 24 1938 ington Williams NY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to March 22, 1938

I last saw him alive on March 22, 1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset 4/27/36
General Arteriosclerosis — 3 yrs
Aortic Insufficiency — 2 yrs.

Other contributory causes of importance:

Uremia and Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical course & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Albert Ainenberg M. D.

(Address) 2022 North Ave

15155 E 15155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen'l Hos St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Towers

If U. S. Veteran specify WAR.

(a) Residence: No. 1255 Washington Blvd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 31, 1868

7. AGE: Years 69; Months 6; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired 1933

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Hanover Co Va

FATHER

13. NAME: Robert M. Towers

14. BIRTHPLACE (city or town) (State or country): Caroline Co Va

MOTHER

15. MAIDEN NAME: Betty Pleasants

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Cora E. Smith

(Address): 1127 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Richmond Va Date: Mar 24 1938

19. UNDERTAKER: Jackson & Sons

(Address): North Ave

Filed Mar 24 1938 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and, from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Lee Warthen M. D. Coroner

(Address) 1200 Hollins St.

VS 6

Spec.—2-29-28—L. F. S.—500 Bks.

F 45156

HEALTH DEPARTMENT—CITY OF BALTIMORE

45156

CERTIFICATE OF DEATH

93-c

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 103 W. 39th ST. 12-1 WARD)

2—FULL NAME William Joseph Price

(a) RESIDENCE NO. 103 W 39th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, wid wed, or divorced HUSBAND of (or) WIFE of Nellie Beasley Price

DATE OF BIRTH (month, day, and year) Sept. 21, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman .0086

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Tillman Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER ? McShane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland ?

Informant Mrs. Nellie B. Price

(Address) 103 W. 39th St.

Filed 3-24 1938, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1938

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1937, to March 23, 1938, that I last saw him alive on March 23, 1938, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) John A. Krecker M. D.

19 (Address) 1033 W. Colonial St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Louis Annapolis Md.

DATE OF BURIAL Mar 26 1938

20 UNDERTAKER Wm Cook 1219 St Paul St

ADDRESS

15157 15157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? 23 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Michael Collins

(a) Residence: No. 1008 Harley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Collins

6. DATE OF BIRTH (month, day, year) June 15, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 6 months ago?

11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Collins

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Caine

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Collins (Address) 1008 Darley Avenue

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date March 26 1938

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED Huntington West Va. Registrar.

MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938. 1938. to March 24. 1938

I last saw h[illegible] alive on March 24. 1938 Death is said to have occurred on the date stated above, at 7. A.M. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Head of Pancreas. - Metastasis to liver - lungs - stomach

Date of onset ?

Other contributory causes of importance:

Cholangitis. I. Cholelithiasis.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold H. Burns, M. D.

(Address) Mercy Hospital.

15158 E 15158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15158 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Lakewood St. 9-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Veronica Schuette

(a) Residence: No. 610 N Lakewood St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode) 70yr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel Schuette

6. DATE OF BIRTH (month, day, year) Dec 27- 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Eichhorn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Kleinedienst

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George J Schuette

(Address) 724 E 27 St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer March 26 38

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ... 19 ... Registrar.

Huntington Williams, M.D.

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 23, 1938.

I last saw her alive on March 23, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Hypertension	7 yrs
Arteriosclerosis	7 yrs
Other contributory causes of importance: Chronic Interstitial Nephritis	20.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hayward Ave

F 45159

45159

LAND

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 McKean Av St. 15-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Jackson Land

(a) Residence: No. 2008 McKean Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Land

6. DATE OF BIRTH (month, day, year) Apr. 17th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bk. Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Industry

10. Date deceased last worked at this occupation (month and year) 12 30 24

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Jackstad Md.

13. NAME John Land

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Eliz. Wilgus

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Georgia Land 2008 McKean Av
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Mt Olivet Da. March 26 38

19. UNDERTAKER William Cook & Sons
(Address) 1217 St Paul Street

FILED ... 19...

MAR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. ... 1937 to Mar 23 1938

I last saw him alive on Mar 22 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia Aug/37	
b. Followed by Myocarditis	
c. Colon & Rectum	
Other contributory causes (not in sequence)	
Arterio Sclerosis	
Chronic Nephritis	
Heart & Dropsy	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Smith M. D.

(Address) 1605 E. Pratt Corner

UNBERZAGT

HEALTH DEPARTMENT—CITY OF BALTIMORE

5160 5160

CERTIFICATE OF DEATH

146-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie Unberzagt

If U. S. Veteran specify WAR

(a) Residence: No. Spring Grove Diary, Catonsville, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr Charles Unberzagt

6. DATE OF BIRTH (month, day, year) May. 21, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	#	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gerhardt Bongan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmine Barr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date May. 26, 38

19. UNDERTAKER Easton Sons (Address) Ellicott City

20. FILED ..... 19 ..... Registrar.

Huntington Williams M.D.

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938 to March 23, 1938

I last saw her alive on March 23, 1938. Death is said to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis to Liver	May 1937
Other contributory causes of importance	

Was an operation performed? yes Date of 10-21-38; 11-9-37

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy + Resection of Rectum

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) C. J. Williams M. D.

(Address) St Agnes Hospital

15161 (Last name Lagna (Fretta Giuseppe)) 15161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Curley St. 6-1 Ward)

Length of residence in city or town where death occurred 33 yrs. Unknown How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Lagna (Lagna-Fretta Giuseppe)

(a) Residence: No. 13 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of (Lagna-Fretta Anetta Marie) Maria Lagna

6. DATE OF BIRTH (month, day, year) Oct. 29 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement works

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Torino (Cessano Canavese) Italy

FATHER

13. NAME Louis Lagna

14. BIRTHPLACE (city or town) (State or country) (Cessano Canavese) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) (Cessano Canavese) Italy

17. INFORMANT Wife Maria Lagna
(Address) 13 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 26 1938

19. UNDERTAKER Frank V. Pipitone
(Address) 2218 E. Baltimore

4 1938 Huntington Williams Mar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1938 to Mar. 23, 1938

I last saw h. alive on Mar. 22, 1938 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr.

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Rybert M. D.

(Address) 2807 Harford Ave.

15162 HEALTH DEPARTMENT—CITY OF BALTIMORE 15162

CERTIFICATE OF DEATH

√ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Holland (Mrs. Carroll Peter) Parkville, Md

(a) Residence: No. 572 Reisterstown Rd, St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll Peter Holland

6. DATE OF BIRTH (month, day, year) Feb 2, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Mr. Clarence Brown.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Catherine Berry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Husband.)

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hillsboro Cem. Date Mar 26 38

19. UNDERTAKER Mann & Son Pall (Address) Boyce Md.

20. FILED 1938 Huntingtown Williams Reg. Sec.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1938, to Mar 24, 1938

I last saw her alive on Mar. 24, 1938. Death is said to have occurred on the date stated above, at 1 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Oct. 1937
Hypochromic anemia	3/21/38
Pleural effusion	3/23/38
Ascites	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Francis M. Weaver M.D.

(Address) Union Memorial Hospital

5163 57 & 3 4 0 57

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15163

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? .....yrs. .....mos. ..... ds.

2. FULL NAME Bishop Philip Cook

If U. S. Veteran specify WAR

(a) Residence: No. 1 Bishopstead St., ... Ward. Delaware
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bishop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Rosalie Barlow

16. BIRTHPLACE (city or town) (State or country) New England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del Date Mar. 25 1938

19. UNDERTAKER W. J. Tichenor & Son

(Address) Balto - Md

20. FILED ..... 19.....

R 25 1938 Huntington Wilbur [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1938, to 3-25 1938

I last saw h. m alive on March 25. 1938. Death is said to have occurred on the date stated above, at 12 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub cortical glioma	1936

Other contributory causes of importance:

bronchopneumonia	3-20-38

Was an operation performed? yes Date of 1-26-38

For what disease or injury? for removal of tumor

Name of operation left craniotomy, resection of frontal lobe, partial removal of tumor

What test confirmed diagnosis? operation + autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sarah N Cowdrick M. D.

(Address) Johns Hopkins Hospital

45164 F 45164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 McHenry St., 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Roehlenschmidt

(a) Residence: No. 1120 McHenry Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 24 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driving Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry cleaning shop

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Mary Roehlenschmidt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Schwier

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Minnie Goldsmith

(Address) 1120 McHenry Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date March 26 1938

19. UNDERTAKER William Cook

(Address) 1219 N Paul St

20. FILED MAR 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 24, 1938

I last saw him alive on March 24, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	24hrs
Angina Pectoris	2 days
Chronic Myocarditis	2 yrs
Arteriosclerosis	5 yrs
Heart.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E A Jones M. D.

(Address) 1605 N. Howard St

F 15165

15165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 19-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Edwards

(a) Residence: No. 325 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 26-1938

7. AGE: Years | Months | Days: 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Willie Edward

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Elsie Green

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Elsie Edward

(Address): 325 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cem Date: 3/25 19 38

19. UNDERTAKER: Wade J. Gray & Sons

(Address): 134 W. Hanley Sq.

FILED ... 19 ... Registrar

MAR 25 1938

Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Mar 23. 1938

22. I HEREBY CERTIFY, That I last ... (Inquest, Autopsy or Inquiry) ... and that said deceased came ... (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	Mar 22 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo Lee Coroner M. D.

(Address) 50 Lexington

M. D. B 1268-0

F 45166

45166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (Street)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Cohen

(a) Residence 2031 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julka Kelig — Cohen

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Vitta —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Miss Anna Cohen

(Address) 2031 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 3-25 1938

19. UNDERTAKER Jack Levee Inc

(Address) 1123 E. Balto. St

FILED MAR 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right Femur	
	(1 year)

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-13 1938

Where did injury occur? 2031 W. Baltimore St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Fall on street.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Hara Payne M. D. Coroner

(Address) 1215 Harford Rd.

F 45167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821-N. Dallas Street St., 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William V. Crumley

(a) Residence: No. 1821-N. Dallas Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida (Scuders)

6. DATE OF BIRTH (month, day, year) Jan. 24th, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Crumley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Emma Potts

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. Ida Crumley

(Address) 1821-N. Dallas Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 3/26/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: Acute alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-23 19 38

Where did injury occur? 1821 N. Dallas St Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell and hit head on stove

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schaefer M. D. Coroner

(Address) 1716 E. North Ave.

15168 HEALTH DEPARTMENT—CITY OF BALTIMORE 15168

CERTIFICATE OF DEATH 38

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daisy A. Lyeth

(a) Residence: No. 1324 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart & Co. Cadet

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John T. Lyeth

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Fannie Bouldin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Ida May Lyeth
(Address) 1324 Eutaw Place

18. BURIAL, CREMATION, REMOVAL
Place Greenmount Cem. Date March 25 1938

19. UNDERTAKER L. M. Cameron
(Address) 1003 W. Baltimore St.

20. FILED Mar 28 1938 Registrar. Thurlaugh Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935 to March 23 1938

I last saw her alive on March 21, 1938 Death is said to have occurred on the date stated above, at 6.45A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix uteri	1935
Other contributory causes of importance: Carcinosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Esther S. Bishop M. D.

(Address) 12 E. 25th St.

15169

HEALTH DEPARTMENT—CITY OF BALTIMORE

15169

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Bruce St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 519 Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Oct 17 1914

8. AGE: Years 23 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Keeling Va

13. NAME: Raymond Jackson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Anna Willis

16. BIRTHPLACE (city or town) (State or country): Albermarle Co Va

17. INFORMANT: Malinda Parker

(Address) 519 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 25, 38

19. UNDERTAKER: Mrs Katie R Williams

(Address) 321 N Schroeder St

20. FILED ..., 19... Registrar.

MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18 38 to Mar 22 38

I last saw h[illegible] alive on Mar 22 38 Death is said to have occurred on the date stated above at 3:30 Pm

The principal cause of death and related causes of importance were as follows:

Pulmonary TB — Date of onset 1937 April

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) [illegible] M. D.

(Address) 1937 Bank St

45170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45170

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Provident Hospital, Ward) 19-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin H. Roberts

If U. S. Veteran specify WAR

(a) Residence: No. 508 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarete Roberts

7. DATE OF BIRTH (month, day, year) Feb. 97

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles E. Roberts

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Mary C. Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margarete Roberts

(Address) 508 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date 3/26 38 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED MAR 25 1938 Wellington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3, 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3, 21, 1938, to 3, 23, 1938

I last saw him alive on 3, 23, 1938 Death is said to have occurred on the date stated above, at 4:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3.18.38

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 512 Mosher St

F 45171

HEALTH DEPARTMENT—CITY OF BALTIMORE

45171

CERTIFICATE OF DEATH

✓ × 93-C

Registered No. 15-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Woodson

(a) Residence: No. Furnace Station Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Susie Woodson

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) La. County, Va.

12. NAME Henry Woodson

14. BIRTHPLACE (city or town) (State or country) Louisa Co, Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) La. Co, Va

INFORMANT (Address) William Woodson Furnace Station Md

BURIAL, CREMATION, OR REMOVAL Place Texas Md. Date 3/25/38

UNDERTAKER (Address) Sam & Connelly Texas Md.

FILED 25 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 (?), 1938 to March 23, 1938

I last saw him alive on March 23, 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2-24-38
Myocarditis	?
Other contributory causes of importance: Chronic nephritis	2-24-38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wallis Harrington M. D.

(Address) 201 N. Carey St.

5172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15172

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Beechdale Rd 27-14 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Eliza Wagandt

If U. S. Veteran specify WAR NONE

(a) Residence: No. 109 Beechdale Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Wagandt

DATE OF BIRTH (month, day, year) Sept-30-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edw. John Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anne Eliza Aitcheson

16. BIRTHPLACE (city or town) (State or country) Brooklyn New York

17. INFORMANT Mrs Laura M. Hancock (daughter)

(Address) 109 Beechdale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 24 1938

19. UNDERTAKER Stuart H. Murphy Company

(Address) 1028 Cathedral

20. FILED 19 Huntington Wilmington, N.C.

MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23 1938 to March 23 1938

I last saw her alive on March 23 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/23/38
Duration two hours	
Pernicious	
Other contributory causes of importance:	
Senile Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4522 Roland Ave

5173 ✓ D 15173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 7-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilhelmina Schmidt

(a) Residence: No. 530 E. St. Sharon Point Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sale Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wiesand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Henry Schmidt
(Address) 530 E St Sharon Point md

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's FIFTH Reformed Church Cem Date Mar 27 1937

19. UNDERTAKER WM. M. MARECK
(Address) 715 LIGHT St

, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1912 E. North Ave

S 6

H. D. B 1268-9

5174 HEALTH DEPARTMENT—CITY OF BALTIMORE 5174

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-W Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Clarence Elmer Roberts

(a) Residence: No. 1829 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida M. Roberts

DATE OF BIRTH (month, day, year) Aug. 15, 1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bruton Brewery Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Peter Roberts

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Ida M. Roberts
(Address) 1829 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Mar. 26, 1938

19. UNDERTAKER C. Howard Strong
(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Mueller, M. D. Coroner

(Address) 1912 E. North Ave.

F 45175

45175 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 N. Longwood St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. McGee

(a) Residence: No. 1721 N. Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie V. McGee

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co., Md.

13. NAME William McGee

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (city or town) (State or country) Caroline Co., Md.

17. INFORMANT (Address) Mrs. Anna O. Rumbley 1721 N. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date March 25, 38

19. UNDERTAKER (Address) H. Howard Strong 715 Light St.

20. FILED 19 By Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 22, 1938

I last saw him alive on March 21, 1938 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1707 N. Mon

HEALTH DEPARTMENT—CITY OF BALTIMORE

45176 45176

CERTIFICATE OF DEATH

472-a Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUST TRETTIN. If U. S. Veteran specify WAR

(a) Residence: No. 3719 5th St. Brooklyn St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Trettin

DATE OF BIRTH (month, day, year) July 10, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Eau Claire, Wisconsin

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Jessie Trettin

(Address) 3719 5th St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Mar. 26, 1938

UNDERTAKER E. Howard Strong

(Address) 715 Light St.

FILED MAR 25 1938 Huntington Millgate, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 .1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 2 .1938. to MARCH 24 .1938

I last saw h.[illegible] alive on MARCH 24 .1938 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

LYMPHOID LEUKEMIA, CHRON. [illegible] — Date of onset 3-17-38

BRONCHO PNEUMONIA

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLIN Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Zeuner, M. D.

(Address) University Hosp.

5177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15177

46-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Southern Ave. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothea C. Ziemann

(a) Residence: No. 2404 Southern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman H. Ziemann

DATE OF BIRTH (month, day, year) May 2nd 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Martin Besold

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Mollie Wildhagen

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT M. S. K. Ziemann

(Address) 2404 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Patterson Date March 26 38

19. UNDERTAKER Fred. Lassahn & Son

(Address) 1401 Edmondson Ave

3/29/1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1937 to March 23 1938

I last saw her alive on March 23 1938 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	about 6 mos ago
Other contributory causes of importance: Carcinoma Rectum	same

Was an operation performed? yes Date of Dec 1937

For what disease or injury? carcinoma Rectum (Inoperable)

Name of operation colostomy

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen Ave
formerly 5542 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

15178

15178

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Aged Women's Home

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1400 W Lexington St. Ward 14-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma A Dorney

(a) Residence: No. 1400 W Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Dorney

DATE OF BIRTH (month, day, year) Oct. 10, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME John F. Newman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Hannah Corneggs

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Elizabeth T. Carr (Son)

(Address) 1404 W. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 26 1938

UNDERTAKER F. Vernon Keehna

(Address) 2301 Edmondson Ave

FILED ... 19 ... Registrar.

MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/38 ... 19...

22. I HEREBY CERTIFY, That I attended deceased from 11/18/35 ... 19... to 3/24/38 ... 19...

I last saw her alive on 3/23/38 ... 19... Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Arteriosclerosis	
Chronic nephritis.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Elton B Jarrett M.D.

(Address) 1115 St. Paul St., City.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 2 99 — 15179 — 15179 — 107-a

Registered No.

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Walker

(a) Residence: No. 521 S - Belnord Ave - Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elsie

DATE OF BIRTH (month, day, year) 5/14/11

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank Walker

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Mary Wittig

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Records - JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date MAR. 26 1938

UNDERTAKER Lilly & Zeiler INC. (Address) 403 S. Wolfe St.

FILED ..... 19 ..... Registrar

MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 . 1938 to Mar - 23 . 1938

I last saw him alive on Mar - 23 . 1938. Death is said to have occurred on the date stated above, at 10:52 a.m.

The principal cause of death and related causes of importance were as follows:

Medicastinitis
Bronchopneumonia
Septicaemia

Date of onset: Mar 17. 38 / Mar 20. 38 / Mar 22 38

Other contributory causes of importance:

Abscess abdominal wall
Cellulitis of back

Mar 6. 38 / Mar 8 38

Was an operation performed? yes Date of May 21. 37

For what disease or injury? Drainage of cellulitis of back.

Name of operation Kocher's incision & drainage

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

.....

If so, specify .....

(Signed) Frederick H. Hesser M. D.

(Address) Johns Hopkins Hospital

2202 GARRISON BLVD DR COLE.

15180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15180

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 CHELSEA TERRACE 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME LEWIS HILL CROCKETT

(a) Residence: No. 2300 CHELSEA TERRACE St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of JENNIE CROCKETT

7. DATE OF BIRTH (month, day, year) MARCH 5-187[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. REAL ESTATE AGENT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) FEB -1938

11. Total time (years) spent in this occupation 20 YRS

12. BIRTHPLACE (city or town) (State or country) TANGIER VIRGINA

13. NAME HARRISON CROCKETT

14. BIRTHPLACE (city or town) (State or country) TANGIER VA.

15. MAIDEN NAME ALMA BELL BROWN

16. BIRTHPLACE (city or town) (State or country) TANGIER VA.

17. INFORMANT EARL THOMPSON CROCKETT

(Address) 2300 CHELSEA TERRACE

18. BURIAL, CREMATION, OR REMOVAL

Place PARKWOOD CEM. Date MARCH 26 1938

19. UNDERTAKER Charles S. Black

(Address) 742 West North Ave.

FILED 19 Registrar.

~~25 1938~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 2. 1938 to Mar 24 1938

I last saw h[illegible] alive on Mar 24 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 2- 1 day

Other contributory causes of importance: None.

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Cole M. D.

(Address) 2202 Garrison

15181

HEALTH DEPARTMENT—CITY OF BALTIMORE

15181

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N Lakewood Ave. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Friebel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 N Lakewood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Friebel

DATE OF BIRTH (month, day, year) 7-31-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Mrs. John Stegmaier (Address) 1105 N Lakewood Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 3-26 1938

UNDERTAKER Leonard Boyd (Address) 805 Hanover St

FILED MAR 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-02 1938 to 3-25 1938

I last saw her alive on 3/22 1938 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia tuberculosis	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state fully .....

(Signed) Wm Thompson M. D.

(Address) 1123 N Eutaw St

15182 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15182

15182 CERTIFICATE OF DEATH 93-c

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2405 Maryland Ave St. 27-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael Boyd Frank If U. S. Veteran specify WAR

(a) Residence: No. 2405 Maryland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben O Frank

7. DATE OF BIRTH (month, day, year) Aug 16 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Le Roy Frank 2405 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Date 3/27 1938

Hess Cem

19. UNDERTAKER Leonard Pfeil (Address) 2015 Bank St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/22/38 19 to 3/24/38 19

I last saw h alive on 3/24/38 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure (myocardial)	
Other contributory causes of importance: Old Myocarditis & arteriosclerosis & chronic endocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Smith M. D.

(Address) 4706 Harford Road

✓ F 15183

15183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 William St. St. 21st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William S. Norfolk.

(a) Residence: No. 1526 William St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~XXXXXXXXXX~~ ~~XXXXXX~~) Ella May Norfolk.

6. DATE OF BIRTH (month, day, year) May 9, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10.	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand 0074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S City of Norfolk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Sylvester P. Norfolk.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emma E. Richardson.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ella May Norfolk.(wife)

(Address) 1526 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Olivet Date 3/26/38 19

19. UNDERTAKER D. J. McCauley

(Address) 130 E. Fort Ave.

20. FILED Fort William, Md. 3/23/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

Coroner

3/23/38 Address 1017 S. Charles St.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15184

82-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 William St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Price Cook

(a) Residence: No. 818 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Rida Cook

DATE OF BIRTH (month, day, year) Oct 14 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Chesapeake

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Ship Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 Y

BIRTHPLACE (city or town) (State or country) Hoyden Dorchester Co Md

13. NAME Alfred Cook

14. BIRTHPLACE (city or town) (State or country) Lloyd Dorchester Co md

15. MAIDEN NAME Catherine Spedden

16. BIRTHPLACE (city or town) (State or country) Lloyd Dorchester Co Md

INFORMANT (Address) Mrs Rida Cook 818 William St

BURIAL, CREMATION, OR REMOVAL Place London Park Date March 26 1938

UNDERTAKER (Address) WILLIAM M. MARECK 715 LIGHT. St.

FILED 25 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937 19..., to Mar 23 19..., 19 38

I last saw him alive on Mar 23/38, 19... Death is said to have occurred on the date stated above, at 6.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis, Central	10 Yrs
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry B Hall M. D.

(Address) 1 W Hoyden Md

F 15185

5185 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE; (No. 344 S. Fulton Ave. St. 19-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John W. Weller

(a) Residence: No. 344 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Boone Weller 1674

DATE OF BIRTH (month, day, year) June 6, ~~1875~~

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Frame Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John C. Weller

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Decker

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Barbara Weller
(Address) 344 S. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Meadow Ridge Date March 26/38

UNDERTAKER Harry T. Cutler
(Address) 4101 Edmondson Ave.

FILED MAR 25 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to March 24, 1938
I last saw h~~im~~ alive on March 24, 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure due to	
Hypertensive Cardio Vascular	
Renal Disease	
Other contributory causes of importance:	
Cerebral Hemorrhage	1931

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreiber M. D.
(Address) 5-4 S. Fulton Ave.

5186 E 45186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 695 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Connie Clark

(a) Residence: Church Home & Infirmary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of late James F. Clark

DATE OF BIRTH (month, day, year) Aug 25, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Hanson Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amanda Coddeman

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Virginia A. Dorsey
(Address) Church Home, Broadway

BURIAL, CREMATION, OR REMOVAL
Place Front Royal Va Date Mar 26 38

UNDERTAKER Harry A. Pritzlaff
(Address) 4401

FILED MAR 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938 to Mar 18, 1938

I last saw her alive on Mar. 25, 1938 Death is said to have occurred on the date stated above, at 10:25 A.m.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer — Date of onset 1926

Other contributory causes of importance: Gen. arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hugh C. Hagerty, M. D.

(Address) Church Home & Infirmary

15187 F 15187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2686 St. Benedict 20-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Shipley

(a) Residence: No. 2686 St. Benedict St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret A. —

DATE OF BIRTH (month, day, year) Oct 9-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Block Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Co.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Charles Washington Shipley

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

15. MAIDEN NAME Mary Tracey

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

INFORMANT Mrs Margaret Shipley

(Address) 2686 St Benedict

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/26/38

UNDERTAKER H. B. Herbert & Son

(Address) 1300 Eutaw St

FILED 3-26-1938 Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 14 Sept 38 to 23 March 38

I last saw h.. alive on 23 Mar 38 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis of Carcinoma	1937
Other contributory causes of importance: Esophageal obstruction	6 mo

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr Lauer Stocker M. D.

(Address) 25 65 Frederick Ave

5188 ✓ E 45188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. veteran specify War Record

2. FULL NAME Mrs Anna M. Minton

(a) Residence: No. 1602 Entaw place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Minton

6b. DATE OF BIRTH (month, day, year) Dec 18. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework No 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa

13. NAME Croft Di Hart

14. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

15. MAIDEN NAME Catherine (Katenoom)

16. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa

17. INFORMANT Jos L. Minton

(Address) 1602 Entaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 28 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

[illegible] Williams, Asst. Registrar

MAR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hypertension	about 15 yrs
Other contributory causes of importance: Cerebral Hemorrhage (Fell and head injury)	3 days

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical findings. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Adams, M. D. Coroner

(Address) 2360 Entaw Place

15189 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15189

CERTIFICATE OF DEATH 122-a

Registered No. 15189

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. citizen, specify Ward. No Record

2. FULL NAME Ellen May Phelan

(a) Residence: No. 2944 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) April 25 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Daniel L. Phelan

14. BIRTHPLACE (city or town) Newcastle
(State or country) Del.

15. MAIDEN NAME Laura M. Currier

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Wilfred F. Green

(Address) 2944 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Interment Date 3/26 1938

Place

19. UNDERTAKER J. McCurdy & Son

(Address) 1217 E. Oldtt

FILED MAR 26 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral Hernia	
Other contributory causes of importance: Shock - Cardiac Failure	

Was an operation performed? Yes Date of 3/23/38

For what disease or injury? Hernia

Name of operation Herniotomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chenoweth Coroner M. D.

(Address) 1914 E. North Ave.

45190

HEALTH DEPARTMENT—CITY OF BALTIMORE

45190

CERTIFICATE OF DEATH (MB)

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edwin Carter

(a) Residence: No. 1727 Aiken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 11/16/1854 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Lightner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 3/26/38

19. UNDERTAKER Wm. C. Gault & Son
(Address) 1214 W. Baltimore St.

20. FILED MAR 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-1938

22. I HEREBY CERTIFY, That I attended deceased from H-21 1932 to 3-22 1938

I last saw h[illegible] alive on 3-21 1938. Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mixed tumor left parotid gland	Unknown
	over
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.O If so, specify

(Signed) L. H. Woodward M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15191

CERTIFICATE OF DEATH

/ 31

Registered No. 15191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Harry Fiddis

(a) Residence: No. 3618 Lucille Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	W	Married

If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Ernestine Fiddis

DATE OF BIRTH (month, day, year) Jan 27th 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mansfield Electric Co

10. Date deceased last worked at this occupation (month and year) 3/4/38

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Harry Fiddis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Betty Wartman

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ernestine Fiddis

(Address) 4952 Edgemere Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 28 38

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/21/ 38 19 to 3/24/ 38 19

I last saw him alive on 3/24/38 19 Death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension — Date of onset 1936?
Arteriosclerosis
Nephrosclerosis

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

26 1938

92
341000

HEALTH DEPARTMENT—CITY OF BALTIMORE

15192

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR — No Record

2. FULL NAME Lilly Fahrney

(a) Residence: No. 748 N Central ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 29 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME James Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eva Lewis

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/28 38

UNDERTAKER Wm. H. Poultt & Co.

(Address) 1219 E. Pratt St

FILED ... 19... Registrar.

26 1938 Huntington Tribune, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to March 24 1938.

I last saw h[illegible] alive on March 24 1938. Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

Mitral Dis. + pulmonary Tb — Date of onset

Other contributory causes of importance:

diabetes mellitus

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Palmer H. Futcher M. D.

(Address) Johns Hopkins Hospital

15193 15193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 William St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew George Fritz If U. S. Veteran specify WAR No Record

(a) Residence: No. 1035 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Fritz

DATE OF BIRTH (month, day, year) Aug 27th 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 9/15 | 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Berlo Md

13. NAME Andrew G. Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Peter H. Fritz

(Address) 145 S. Hilton St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rood (Brooklyn) Date Mar 28th 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Mar 29 1938 Huntington Fitzhugh, Registrar

MAR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3 1938 to March 24 1938

I last saw h[illegible] alive on May 24 1938. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	3 mos
Other contributory causes of importance: Arteriosclerosis	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Fassett M. D.

(Address) 6209 Belair Rd

15191 HEALTH DEPARTMENT—CITY OF BALTIMORE 15191

CERTIFICATE OF DEATH

Registered No. 186-a c

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Spring Grove St. 23-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Amanda Mosher

(a) Residence: No. 127 W. Cross St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mosher

7. DATE OF BIRTH (month, day, year) May 3 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pennsylvania

13. NAME Mrs. Mosher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Autosen (not sure)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Grace Schuetz Daughter

(Address) 127 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date Mar 29 1938

Place Frederick Rd. Md.

19. UNDERTAKER Wm. Ecks

(Address) 217 S. Paca St.

20. FILED Mar 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest, Autopsy or Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia days	
	Feb

Other contributory causes of importance: Fracture Neck left femur 2 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury [illegible], 19

Where did injury occur? 127 W. Cross St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture Neck left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary L. Woods M. D.

Coroner

(Address) 712 N. Howard St.

6-1938

5195 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 45195

CERTIFICATE OF DEATH 30927 JS

Registered No. 344-94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. (Ward) 26 25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Pfeiffer If U. S. Veteran specify WAR

(a) Residence: No. 5302 Ruth Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Kline

DATE OF BIRTH (month, day, year): 7-29-1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Jacob

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Clara Koffiesh

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Moreland Park Date: March 28 38

UNDERTAKER: Cohen Allen & Adams
(Address)

FILED ... 19 ... Registrar.
MAR 28 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 17. 1938. to March 25. 1938.
I last saw him alive on March 25. 1938. Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Jan. 1938

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. de Lambert, M. D.
(Address) Baltimore City Hospitals

FURMAN ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

45196

CERTIFICATE OF DEATH

53-C 45196

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. En Route to Maternity Hospital 24-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Farmer

(a) Residence: No. 1105 Hanbert Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) April 16-1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
(5yrs	11 mos.	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mathew Furman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Florence Gac

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Florence Farmer

(Address) 1105 S Hanbert Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 3/28 1938

19. UNDERTAKER Fred W. Rzagowski

(Address) 1930 Eastern Ave

20. FILED 19 Huntington Williamsburg, N.Y.

R261938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Lesion (Probably Brain Tumor)	18 days
Other contributory causes of importance:	

Was an operation performed? No ✓ Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ✓ If so, specify

(Signed) Michael S. Strauss, M. D. Coroner

(Address) 2360 Eastern Place

5197 E 45197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4 - Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie V Seloy

(a) Residence: No. West Frenship Howard Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch T. Seloy

7. DATE OF BIRTH (month, day, year) Jan. 13 1864

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. n. h.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Nicholas Prengle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecka Cromwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs B.C. Hoffman

(Address) West Frenship

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Cemetery Date Mar. 28 1938

19. UNDERTAKER Wyer & Son Inc

(Address) Sykesville, Md.

Filed Mar 28 1938 Registrar

261938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and that said deceased came Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: Fracture of Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident March 26, 1938 . 19

Where did injury occur? West Frenship Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Struck by Auto. Crossing Road

Nature of injury at West Frenship Howard Co Md.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Roy Mullen Coroner M. D.

(Address) 707 [illegible]

45198 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45198

31850 JS

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH — Balto. City Hospt. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME — Sarah Griffith

(a) Residence: No. 1251 E. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Reginald

6. DATE OF BIRTH (month, day, year) — 5-2-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

13. NAME — Travis

14. BIRTHPLACE (city or town) (State or country) — Md.

15. MAIDEN NAME — Sarah ?

16. BIRTHPLACE (city or town) (State or country) — Md.

17. INFORMANT — B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Arbutus Cem. Date: 3/27/1938

19. UNDERTAKER — Frances A. Hemsley

(Address) 378 W. Biddle St

Filed MAR 26 1938 — Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — March 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22. 1938. to March 23. 1938.

I last saw her alive on March 23. 1938. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-21-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lauballe M. D.

(Address) Baltimore City Hospitals

45199 F 45199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maybelle Boone

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 S. Callington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	M.

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Boone

DATE OF BIRTH (month, day, year) June 19 - 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) - Baltimore Maryland

13. NAME Henry Melbe

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Parrish

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Mar. 26 1938

UNDERTAKER George W. Zeigler

(Address) 1737 E. Eager St.

FILED 26 1938 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 23 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 3 - 21 . 1938 to 3 - 23 . 1938

I last saw h[illegible] alive on 3 - 23 . 1938 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 wks

Diabetes

Other contributory causes of importance: Osteoarthritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) [illegible] M. D.

(Address) Mercy Hospital

5200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 45200

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Poplar Grove St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah M. Hodson.

(a) Residence: No. 1729 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L. Hodson.

DATE OF BIRTH (month, day, year) July 1. 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME John Merchant.

14. BIRTHPLACE (city or town) (State or country) Baltimore City

15. MAIDEN NAME Caroline Menzies.

16. BIRTHPLACE (city or town) (State or country) Baltimore City

INFORMANT Miss Margaret Hodson,
(Address) 1729 Poplar Grove St.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date MAR 28 1938

UNDERTAKER Robert S Little
(Address) 2700 Edmondson Ave.

FILED
MAR 26 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1938 to 3/25 1938

I last saw h 91 alive on 3/25/38 Death is said to have occurred on the date stated above, at 9.15 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension

Date of onset 3/15/38 (approx)

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Paul E. Cardiner M. D.

(Address) 2311 Garrison Blvd.

15201 ✓ E 15201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Harlem Ave. St., 16-6 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Valentine Henry Duerr

(a) Residence: No. 2810 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Wilhelmina Frances Duerr

DATE OF BIRTH (month, day, year) October 25-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman 1st Dist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 31 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Francis Duerr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Seip

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT W. Frances Duerr

(Address) 2810 Harlem ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-28-38 19

UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

FILED ..... 19 ..... Registrar

3 30 1938 Huntingtown Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24- 1938

22. I HEREBY CERTIFY, That I attended deceased from January 15 1930 to March 25- 1938

I last saw h alive on March 24- 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

organic heart disease — Date of onset unknown

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? T. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave.

15202 15202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 East 31st Street St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CATHERINE RUTH McDANIEL

(a) Residence: No. 2021 East 31st Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 7, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
--	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Claude Albert McDaniel

14. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

15. MAIDEN NAME Ethel Dorothy Mast

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Claude Albert McDaniel
(Address) 2021 E. 31st Street

BURIAL, CREMATION, OR REMOVAL Woodlawn Memorial Park Date 3/26 1938

UNDERTAKER Chas J. Evans & Son, Inc
(Address) 118 N. Mt. Royal Ave

FILED 1938 Registrar

MAR 26 1938 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to March 24, 1938

I last saw h[illegible] alive on March 24, 1938 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	3/15/38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Janney, M. D.

(Address) 2101 Harford Rd.

15203 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 15203

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Mt. Royal Terrace St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNA B. BUSCHMAN

(a) Residence: No. 2202 Mount Royal Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis A. Buschman

DATE OF BIRTH (month, day, year) Feb. 24, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick C. May

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Hilderbrandt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Miss Martha Buschman 2202 Mt. Royal Terrace

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery. March 28, 38

UNDERTAKER Chas. J. Evans & Son Inc. (Address) 118 N. Mt. Royal Ave

FILED , 19 Williams Registrar

MAR 26 1938 Investigator

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1-38 to 3-25-38, 19 I last saw h alive on 3-24, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 hrs.
Myocarditis.	6 mos.

Other contributory causes of importance:

age.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Instr. C. Blake M. D.

(Address) Med. Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15201

CERTIFICATE OF DEATH

93-C F 15201

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Smallwood St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Ingra A. Miller

(a) Residence: No. 200 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Miller

7. DATE OF BIRTH (month, day, year) Nov 18-1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Fogle

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

15. MAIDEN NAME Agnes H. Hyssmer

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

INFORMANT Thelma E. Miller

(Address) 200 S. Smallwood St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 28, 1938

UNDERTAKER George L. Schwab

(Address) 2101 Eastern Ave.

MAR 26 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to March 25, 1938

I last saw her alive on March 23, 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Color 1 year
C Hypertension	Ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Scarpelli M. D.

(Address) 1729 W. Lombard St

5205

HEALTH DEPARTMENT—CITY OF BALTIMORE

15205

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucille Stanton

(a) Residence: No. 1224 W. Lafayette Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1yr

BIRTHPLACE (city or town) Northumberland Co
(State or country) Va

13. NAME Warren Stanton

14. BIRTHPLACE (city or town) .....
(State or country) Va

15. MAIDEN NAME Annie Clark

16. BIRTHPLACE (city or town) .....
(State or country) Va

INFORMANT Annie Stanton

(Address) 1224 W Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Northumberland Co Date 3/26 1938

UNDERTAKER Thomas E Kelson

(Address) 1303 Pressman St

FILED 3/26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1938, to 3-27-1938

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracule hemorrhage Cerebellum	Mar 1938
Carcinoma	
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James T. Carr M. D.

(Address) 1731 Madison St

206

HEALTH DEPARTMENT—CITY OF BALTIMORE

15206

CERTIFICATE OF DEATH

536 82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Robert St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mon. ds.

2. FULL NAME Franklin P Melchor

If U. S. Veteran specify WAR

(a) Residence: No. 536 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Francis Melchor

DATE OF BIRTH (month, day, year): Sept 28 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gold Rock North Carolina

13. NAME Rabun Melchor

14. BIRTHPLACE (city or town) (State or country): Gold Rock North Carolina

15. MAIDEN NAME Gabbie Mooney

16. BIRTHPLACE (city or town) (State or country): Gold Rock North Carolina

INFORMANT: Mrs. Frances Melchor

(Address) 536 Robert St.

BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cemetery Date: 3-26-38 19

UNDERTAKER: Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED 3-26 1938 19 Registrar: Archie F. Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-24 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3-19 19 38 to 3-24 19 38

I last saw him alive on 3-23 19 38 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Paralysis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B W Rhetta M. D.

(Address) 1429 Druid Hill Ave

15207 E 15207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1282 Battery Ave. St., 24-3 Ward)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna J. Besche.

(a) Residence: No. 1282 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) September 20, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Besche.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Regina Soner.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mary Besche. (sister)

(Address) 1282 Battery Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery 3/28/38

18. UNDERTAKER Leonard J. Buck

(Address) 5300 Harford Ave

FILED MAR 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and kidneys.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

3/24/38 (Address) 1017 S. Charles St.

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

15208

CERTIFICATE OF DEATH

92-a
92 F 15208

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Ramsey St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna [redacted] Popp

(a) Residence: No. 2117 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Popp

DATE OF BIRTH (month, day, year) June 11, 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jullia ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick K.W. Popp
(Address) 2117 Ramsey St.

BURIAL, CREMATION, OR REMOVAL
Place St. Paul Cemetery Date 3/28/38

UNDERTAKER Frederick G. Cole
(Address) 200 W Lombard St.

MAR 26 1938 Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, to March 25, 1938

I last saw her alive on March 25, 1938. Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Arteriosclerosis	
Cerebral Hemorrhage	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Kitch M. D.

(Address) 2157 Eutaw Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-W F 15209

15209

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 W. Fayette St. 20-2 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Haberkam

(a) Residence: No. 2328 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie L. Haberkam

DATE OF BIRTH (month, day, year) Nov. 30, 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	3	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George H. Haberkam

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Rebecca

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Bessie L. Haberkam
(Address) 2328 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olive Date 3/28/38

UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

Huntington Williams, M.D.
Registrar.

FILED MAR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1937, to Mch 24, 1938

I last saw him alive on Mch 22, 1938 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Hypernephroma Left Kidney
Nephrectomy 7/23-37
Recurred

Date of onset of Symptoms 7/20/37

Other contributory causes of importance:

Anemia Anuria etc

Was an operation performed? Yes Date of 7/23-37

For what disease or injury? Hypernephroma Left Kidney

Name of operation Nephrectomy

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) E. K. Hayward M. D.

(Address) 1115 E Eager St, Balto.

F 15210

15210 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 157-D 31672 JS

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Rowley

(a) Residence: No. 1045 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	NB

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-15-38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Clyde Rowley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty Bonnwella

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT B. C. H. Records
(Address)

BURIAL, (CREMATION) OR REMOVAL cremation
Place Balto. City Hosp. Date 3-24- 38

UNDERTAKER Hospital disposal
(Address)

FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1938 to 3/23/ 1938

I last saw he/she alive on 3/23 1938. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

Congenital Anomaly of Gastro-Intestinal Tract — Date of onset

Other contributory causes of importance:

Premature

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Irvin Franklin, M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15211

CERTIFICATE OF DEATH

94-F 15211

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Callow Ave. St. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Birdie R. Putzel

(a) Residence: No. 2428 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lewis Putzel

6. DATE OF BIRTH (month, day, year) Oct. 16, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Rosenberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Keyser

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. B. Putzel,
(Address) 2428 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Mch. 28, 38

19. UNDERTAKER Harid Sanderson & Son.
(Address) 1902 Eutaw Place.

20. FILED MAR 26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased (from March 25 '38 to March 25 1938. I last saw her alive on March 25 1938. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 day
Other contributory causes of importance: Hypertension (see other side)	2 yrs

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lang, M. D.

(Address) Temple Garden Apts.

6

E 15212

212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. [illegible]

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 814 S. Curley St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Mooney

(a) Residence: No. 814 S. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, RUSBAND of (or) WIFE of? Mary Mooney

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME of Father Jerry Mooney

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME of Mother Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Mooney Son

(Address) 814 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date March 28 1938

19. UNDERTAKER Frank Boyd & Son

(Address) 1906 E. Baltimore St

Huntington Williams, Jr.

Registrar

MAR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I [illegible] the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Coronary Thrombosis	Some time
Other contributory causes of importance: Arterial Heart disease Arterio-Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 Bond St.

5213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 15213

6-2 / 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 35 N. Belnord Ave. (Ward) 6-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry G. Weber

(a) Residence: No. 35 N. Belnord Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Weber

DATE OF BIRTH (month, day, year) Dec 9 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardwood Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo. Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Work

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs May Wickert

(Address) 5618 Grunhill Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/28/38

UNDERTAKER Philip Ehrlich Sons

(Address) 2016 Pulaski Hy

FILED ... 19 ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from July ... 1937 to May 24 1938

I last saw him alive on May 24 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arterio-sclerotic	?
Cardio-vascular disease.	
Cardiac Decompensation	1937
Chronic Nephritis	?
	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George [illegible] Physician M. D.

(Address) 432 S. Patterson Pk Ave

43419 E 15214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., 5th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland Miller If U. S. Veteran specify WAR

(a) Residence: No. Letart - St., ... Ward. West Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-22-17

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Robert Miller

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Graham Sta. W.V.A. Date 6 38

UNDERTAKER (Address) John O. Mitchell & Sons Funeral Dir. Inc.

FILED ..... 19 ..... Registrar. Huntington Williams, M.D.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 22. 1938 to Mch 25. 1938

I last saw him alive on Mch 25. 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 24 and

For what disease or injury? Brain Tumor 25 1938

Name of operation Left Craniotomy + Exploration of Ventricle Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ferguson Monroe Hanson III M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15215

5215

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 W. Lanvale St. 16-2 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice C. Henry

(a) Residence: No. 1526 W. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

If married, widowed, or divorced (or) WIFE of Geo. F. Henry

6. DATE OF BIRTH (month, day, year) May 17 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	59	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME Geo. C. Connoh.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza Pidout

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. W. S. Henry (Address) 1108 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Boyman, Md. Date 3/27 1938

19. UNDERTAKER J. E. Bolton. (Address) 1132 Pennsylvania Ave

20. FILED ... 19... Registrar.

938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24. 1938.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7 1938 to Mar. 24 1938

I last saw h[illegible] alive on Mar. 24 1938 Death is said to have occurred on the date stated above, at 4.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Arthritis	3/7/38.
(b) Contributory cause of importance: Chronic Myocarditis	?

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Was there an autopsy? No.

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Pitts M. D.

(Address) 1536 W. Lanvale St.

5216 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15216

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Inez Wilson (25449) If U. S. Veteran specify WAR

(a) Residence: No. 1332 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 8, 1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Ida Johnson

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Wallace N. C. Date 3/29 19 38

UNDERTAKER John W. Henderson
(Address) 230 Aisquith St

FILED 3/30/38 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937 to March 25, 1938

I last saw her alive on March 25, 1938. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	March 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

5217 CERTIFICATE OF DEATH 124-B F 15217

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 2-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Mr Anthony Anatone
If U. S. Veteran specify WAR

(a) Residence: No. 22 Swiss St. Providence Rhode Island Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Anthony Anatone

DATE OF BIRTH (month, day, year) 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for furniture company
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 11 yrs

BIRTHPLACE (city or town) (State or country) It Italy

13. NAME Mr Anatone
14. BIRTHPLACE (city or town) (State or country) It Italy

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) It Italy

INFORMANT Mrs. Anthony Anatone
(Address) 22 Swiss St Providence RI

BURIAL, CREMATION, OR REMOVAL
Place Evanston Cem Date March 30 1938
Evanston N.J. Frank Della Rocca
UNDERTAKER
(Address) 52 N. Morley St.

FILED 19 Registrar

Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25 1938 to March 26, 1938
I last saw him alive on March 26, 1938 Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver (over)	
Other contributory causes of importance: Subarachnoid hemorrhage	2-25-38

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D. Sunday M. D.
(Address) Union Memorial Hospital

F 15218

218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Chadford Apts St., B7-14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Ford

If U. S. Veteran, specify WAR No Record

(a) Residence: No. Chadford Apt B St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Ford

DATE OF BIRTH (month, day, year) March 9-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (City or town) (State or country) Balto Md

12. NAME OF FATHER Rachel J. Brown

14. BIRTHPLACE (City or town) (State or country) Carroll Co Md

15. MAIDEN NAME OF MOTHER Mary A Cook

16. BIRTHPLACE (City or town) (State or country) Balto Md

INFORMANT (Address) Mary L. Ford Chadford Apt B

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/28/38

UNDERTAKER (Address) McClenahan & Cook 217 St Paul St

FILED 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14 1938 to March 25 1938

I last saw her alive on March 25 1938 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency -	Jan 14 38
Chron. Myocardial disease.	1928 -
Arterio Sclerosis. Hypertension?	

Other contributory causes of importance:

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Chas W. Lummis M. D.

(Address) 132 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 15219

5219

46-P

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3123 Dudley Ave St. No-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Edward Wesley Auld — If U. S. Veteran, specify WAR No Record
(a) Residence: No. 3123 Dudley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Auld

DATE OF BIRTH (month, day, year) Jan 5th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 42
BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Benjamin F. Auld
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Catherine Clark
16. BIRTHPLACE (city or town) (State or country) Balto Md
INFORMANT Rev. Frank Auld
(Address) 3123 Dudley Ave
BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 29th 1938
UNDERTAKER Wm Cook
(Address) 1217 St. Paul St
FILED 1938 H. Lee Washington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from May, 1935 to March 26, 1938
I last saw him alive on March 25 1938 Death is said to have occurred on the date stated above, at 1.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	May 1935
Other contributory causes of importance: Melancholia	Sep

Was an operation performed? Yes Date of May 1935
For what disease or injury?
Name of operation Exploratory No
What test confirmed diagnosis? Yes Was there an autopsy?
22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Gilroy M. D.
(Address) 627 N. Broadway

F 15220

5220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 117-a

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME August Hartl

(a) Residence: No. 126 S. Stockton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel Hartl

7. DATE OF BIRTH (month, day, year) July 6-1862.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Budapest Hungary

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Anna C. Courtney

(Address) 414 Hickory Ave. English Council

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Mar 28 19 38

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

19 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	Mar 25
Gastric Ulcers	2 yrs
Other contributory causes of importance: Chronic Myocarditis	2 yrs

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin J. Kanwa M. D. Coroner

(Address) 1822 E. Baltimore St,

HEALTH DEPARTMENT—CITY OF BALTIMORE

5221 × F 15221

CERTIFICATE OF DEATH

Registered No. 158

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Wicheland & Caton Ave. St., 25th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Dunner

(a) Residence: No. Pasadena, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/25/38

AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. - 36 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Baby Boy Dunner

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Marie Angel

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Meadow Ridge Date 3/28 1938

UNDERTAKER John L. Miller
(Address) 2304 Jefferson St.

FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Cause unknown	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl F. Meeks M.D.
(Address) St. Agnes' Hospital

E 15222

15222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1512

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Colgate Creek St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Margaret Culty

(a) Residence: No. 14 Colgate Creek St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 25 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Culty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ethel Lyon

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

INFORMANT Mrs. Ethel Culty (Mother)

(Address) 14 Colgate Creek

17. BURIAL, CREMATION, OR REMOVAL

Rose Hill Cem. Hagerstown, Md. Date Mar. 28, 1938

18. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander

(Address) Baltimore and Broadway.

19. FILED 1938 Mar 28 19 38 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Marasmus	about 3 months
	3 mos.
Other contributory causes of importance: Infantile Atrophy	months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 17 E. Lexington St.

F 15223

HEALTH DEPARTMENT—CITY OF BALTIMORE

5223

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 S. Linwood Ave. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CLARA T. MANNING

If U. S. Veteran specify WAR

(a) Residence: No. 738 S. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Manning

DATE OF BIRTH (month, day, year) May. 24. 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Joseph Bangert

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Anna Richards

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Mrs. Margaret Chrusniak (Daughter)

(Address) 735 S. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Mar. 28. 1938
Place 19

UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander
(Address) Baltimore & Broadway.

FILED 19 Registrar

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 24, 1938

I last saw h.. alive on March 24, 1938. Death is said to have occurred on the date stated above, at 5.33 m. A. M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia.	3/12/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Norton M. D.

(Address) 1558 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15224

224

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 N. North Ave) Ward 5th (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME JOHN H. LEMCKE

(a) Residence: No. 2134 N. NORTH AVE St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. VanSant Lemcke

DATE OF BIRTH (month, day, year) 12/8/1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typewriter Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alexander Lemcke

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah Wells

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mary A. Lemcke (Address) 2134 N. North Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 3/28/38

UNDERTAKER John J. Lahey & Son (Address) 1316 Light St.

FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY, 1932 to MARCH 25, 1938

I last saw him alive on MARCH 25, 1938 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	3/25/38
Other contributory causes of importance: DIABETES MELLITUS	1932
HYPERTENSION	1932

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. V. Hofmann M. D.

(Address) 8 East Read St

5225 ✓ E 15225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Maine Ave. St. 15-10 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Etta B. Wertheim

(a) Residence: No. 3917 Maine Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leopold Wertheim

DATE OF BIRTH (month, day, year) Jany. 23, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME Joseph Bergman

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Sarah Hable

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Mrs. Doeplitz.
(Address) 3917 Maine Ave.

15. BURIAL, CREMATION, REMOVAL
Place Balto. Heb. Cem. Date Mch. 28 19 38

16. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

17. FILED ..... 19 ..... Registrar.
1938 Huntington Mitchell, M.D.
17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 26, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jany. 26, 1937 to March 26, 1938
I last saw h.. alive on March 25, 1938. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov. 1936

Other contributory causes of importance:
Abdominal carcinomatosis; hepatic [illegible]; metastatic; recurrence of Cancer [illegible]

Was an operation performed? Yes Date of April 1, 31

For what disease or injury? Carcinoma Stomach

Name of operation Resection of Canc. Gastric Antrum

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis Hamburger, M. D.

(Address) 1207 Eutaw Place

5226 ✓ 15226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

/31

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Eutaw Place & Lake Ave. (Ward) The Emerson Apts 13-1

Length of residence in city or town where death occurred Life time ... in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laurence Bendann — If U. S. Veteran specify WAR

(a) Residence: No. Emersonian Apts Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Stella Bendann

7. DATE OF BIRTH (month, day, year) Sept. 22, 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art Store

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. NAME OF FATHER David Bendann

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME OF MOTHER Pauline Seligson

17. BIRTHPLACE (city or town) (State or country) Balto. Md.

18. INFORMANT Mrs. M. Bendann

(Address) 950 Brooks Lane

19. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Wed. 28 1938

20. UNDERTAKER David Goodstein & Sons

(Address) 1908 Eutaw Place

FILED AUG 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Mar 26, 1938

I last saw h[illegible] alive on Mar 26, 1938. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	5yrs
Other contributory causes of importance:	
Hypertension	5yrs
Arterio-Sclerosis	5yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin F. Yeager M. D.

(Address) The Esplanade

5227 ✓ F 45227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 846 Sharp St., 22nd Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R. Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 846 Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Dorsey

DATE OF BIRTH (month, day, year) ? ? 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 7/4/37

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME William Dorsey

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Elizabeth Petty

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

INFORMANT Thos. Dorsey

(Address) 846 Sharp St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/27 1938

UNDERTAKER Walter B. Spriggs

(Address) 534 W. Hamburg St.

FILED Huntington 1938 Wm. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Mar 23, 1938

I last saw him alive on Mar 22, 1938. Death is said to have occurred on the date stated above, at 3 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance: Acute Cardiac dilatation	1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. H. Carroll M. D.

(Address) 109 W. Hill St.

1938

(Schuman) ✓ B 15228

5228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry Schuman

If U. S. Veteran specify WAR .....

(a) Residence: No. ~~Sinai Hospital~~ 2819 W. Garrison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Sarah~~ Sarah

6. DATE OF BIRTH (month, day, year) (5-6)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/27/38

UNDERTAKER Jack Levin Funeral Home

(Address) 1439 E. Baltimore

FILED Huntington Williams, M.D. Registrar.

1938 3 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 19 38

22. I HEREBY CERTIFY, That I attended deceased from January 6, 19 35, to March 26, 19 38

I last saw h... alive on March 26, 19 38. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating Carcinoma of the Bladder	1 year
Bronchitis	

Other contributory causes of importance:

Arteriosclerotic Heart Disease

Chronic Hypertrophic Prostatitis

Was an operation performed? ..... Date of March 1, 1938

For what disease or injury? Carcinoma of the Bladder

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Microscopic Examination of Bladder tissue Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanley Simonton M. D.

(Address) Sinai Hospital

V F 15229

5229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St. 6th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ida Janka (or Jaruka)
(a) Residence: No. 706 Philadelphia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Janka

DATE OF BIRTH (month, day, year) 6-7-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME John Urwalski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Poland
INFORMANT John Janka (son)
(Address) 706 Philadelphia St.

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross cem. Date Mar. 28 1938
18. UNDERTAKER Martin W. G. Puppel
(Address) 37 S. Ann St.
19. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Hemorrhage	days

Other contributory causes of importance: Fracture right tibia & fibula 16 yrs. ago
Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 6, 1938
Where did injury occur? Eden St. near Biddle
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Pavement
Manner of injury Fell on defective pavement
Nature of injury Fracture R. tibia & fibula
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 1712 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15230

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204-Bonaparte Ave. St., 9-8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Julie Kistner

If U. S. Veteran specify WAR no

(a) Residence: No. 1204-Bonaparte Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of George Henry Kistner

6. DATE OF BIRTH (month, day, year) 6/10/1880

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
57	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George H. Kistner
(Address) 1204-Bonaparte Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. [illegible] Date 3/29/38

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1738-Harford Ave.

20. FILED 19 Registrar.

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938 to March 24, 1938

I last saw her alive on March 24, 1938. Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic Myocarditis	1930
Cerebral Hemorrhage	3-22-38

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert Singewald M. D.
(Address) 1613 E. North Ave.

F 45231

H. D. B 1268-9

5231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General St. 15-3 Ward) 1

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR)

2. FULL NAME Martin D. Sykes

(a) Residence: No. 1732 Thomas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Graceanita Sykes

DATE OF BIRTH (month, day, year) May 7 - 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Anne Virginia

13. NAME Samuel S. Sykes

14. BIRTHPLACE (city or town) (State or country) Washington North Carolina

15. MAIDEN NAME Minnie O. Parsons

16. BIRTHPLACE (city or town) (State or country) Hamilton Co. North Carolina

17. INFORMANT Mrs Grace A. Sykes

(Address) 1732 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Mar. 1, 1938

19. UNDERTAKER Maria E. Sykes

(Address) 1732 W. Thomas Ave

20. FILED Mar 1 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence and that said deceased came to death on the day stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of lungs	

Other contributory causes of importance:

Asthma

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-22, 1938

Where did injury occur? 1732 Thomas Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1st floor

Manner of injury Gunshot self-inflicted wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Weiss, M. D. Coroner

(Address) 120 N. Howard St.

F 15232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

CGK--31490

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McAllister

If U. S. Veteran specify WAR

(a) Residence: No. 2030 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-28-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79 78	79	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Salesman, retd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Emma Lauhamond

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date

19. UNDERTAKER Mrs. Emmie C. Syfer
(Address) 1000 West North Ave.

20. FILED 19
Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 38. to March 24, 1938.

I last saw him alive on March 24, 1938. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lauretis M. D.
(Address) Baltimore City Hospitals

✓ F 45233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for Women of Maryland — Registered No. 59

CITY OF BALTIMORE: (No. ..... St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Maude M. Smith — If U.S. Veteran specify WAR .....

(a) Residence: No. Idlewild Ave. Catonsville St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE Nate F. Bowie Smith

DATE OF BIRTH (month, day, year) Dec. 19, 1860.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

13. NAME Dr. F. Bowie Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah A. Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. F. Bowie Smith, Son

(Address) Idlewild Ave. Nr. Montrose Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion, A. A. Co., Md. Mch. 28/38

UNDERTAKER Harry A. Wiltse

(Address) 4101 Edmondson Ave.

FILED Huntington Williams, Nov. 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/23/ 1938 to 3-25- 1938

I last saw her alive on 3-21- 1938 Death is said to have occurred on the date stated above, at 7 30/5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Pneumonia	
Pulmonary edema	
Cardiac failure	

Other contributory causes of importance:

Age 77 is senile dis. generalized. Hyperpyrexia. Diabetes mellitus — no

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? X-Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James F. Bowie M. D.

(Address) 736 Northumberland Avenue

938

✓ F 15231

15231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Maryland St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna May Fisher

(a) Residence: No. 918 Harrison ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Fisher

6. DATE OF BIRTH (month, day, year) Jan 30 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Elizabeth Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Raymond Street

(Address) 6 W. Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/28 1932

19. UNDERTAKER Henry H Wittle

(Address) 718 Edgewood Ave

20. FILED 19 Registrar.

N336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia Tetanus — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Grant M. D. Coroner

(Address) 22 W Lanvale St

5235 F 15235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 444 E Federal St. 1205 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cassie Willis
If U. S. Veteran specify WAR ...

(a) Residence: No. 444 E Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Thomas Willis

DATE OF BIRTH (month, day, year) Dec 18-1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charlotte Va

13. NAME Leo Milton
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Elizabeth Boyd
16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Thomas Willis
(Address) 444 E Federal St

BURIAL, CREMATION, OR REMOVAL
Place ... Date 3/28 19 38
UNDERTAKER Wilhelmina Jackson
(Address) 1 E Pleasant St

FILED APR 28 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1938 to 3-26 1938
I last saw her alive on 3-26 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/24 1938

Other contributory causes of importance:

Was an operation performed? — Date of ...
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. S. Allen M. D.
(Address) 50 Jamison St

F 15236

B. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 7124 Park Heights Av ST. 27-25 WARD

2-FULL NAME William A. Stout

(a) RESIDENCE No 7124 Park Heights Av ST. WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annabelle B Stout

6 DATE OF BIRTH (month, day, and year): Aug 26 1888

7 AGE — Years: 49 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Coal

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Annabelle B. Stout 7124 Park Heights Ave

15 Filed . 19 MAR 28 1938 Huntington Williams, Hyg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1938

17 I HEREBY CERTIFY, That I attended deceased from June 29 1937 to March 25 1938 that I last saw h[illegible] alive on March 25 1938 and that death occurred, on the date stated above, at 630 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John D. Bubert M. D.

. 19 (Address) 4803 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/28 1938

20 UNDERTAKER: Frank H. Mewsa — ADDRESS: Pikesville

F 15237

15237 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Pulaski St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME — Samuel Lamont

If U. S. Veteran specify WAR

(a) Residence: No. 504 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Nellie Lamont

DATE OF BIRTH (month, day, year) Aug. 15, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Gas & Electric Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — Ireland

13. NAME — Thomas Lamont

14. BIRTHPLACE (city or town) (State or country) — Ireland

15. MAIDEN NAME — Dont Know

16. BIRTHPLACE (city or town) (State or country) — Ireland

INFORMANT — Mrs. Nellie Lamont

(Address) 504 E. Randall St

BURIAL, CREMATION, OR REMOVAL — Place Cathedral Cem. Date 3/29 1938

UNDERTAKER — Margaret J. Flynn

(Address) 1422 Light St

FILED — 1938 — By R. Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/1938

22. I HEREBY CERTIFY, That I attended deceased from 3/25/1938 to 3/26/1938

I last saw him alive on 3/25/1938. Death is said to have occurred on the date stated above, at 8-10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease — Date of onset ?

Other contributory causes of importance:

Congestive failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp.

F 45238

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45238

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred T Cahill
If U. S. Veteran specify WAR

(a) Residence: No. 1406 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Hugh T Cahill

DATE OF BIRTH (month, day, year): Dec. 23. 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Wm Sass

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Josephine Horseman

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Hugh T Cahill
(Address): 1406 N. Montford Ave

BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Cem. Date: 3-28-38 19

UNDERTAKER: Geo. G. Cook. Funeral Director.
(Address): 1743 E. Fayette St. Balto.

FILED: Mar. 28. 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/24/ , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	

Other contributory causes of importance: Peritonitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken M. D.
Coroner

(Address)

6

45239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45239

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward) 23

Length of residence in city or town where death occurred 52 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Winfield V. Somers

(a) Residence: No. 2215 Cedley (2200) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) Oct. 9, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Route boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel Somers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Dickens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date Mar 30, 1938

19. UNDERTAKER C. E. Sibbald & Son

(Address) 3600 Eastern Ave

FILED MAR 28 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24 1937 to March 27, 1938

I last saw him alive on March 27, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1927
Pulmonary Emphysema	1927
Other contributory causes of importance: Generalized arteriosclerosis	1930?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp.

15240 HEALTH DEPARTMENT—CITY OF BALTIMORE 15240

CERTIFICATE OF DEATH ✓ X 121

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 - 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Matilda Graeser Woodlawn Cem.

(a) Residence: No. 7 Gwynn Lake Drive St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Widowed~~

If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Graeser

DATE OF BIRTH (month, day, year) May 30 1892

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
45	9	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME Christian Suehsdorf

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Anna Muller

13. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mr Carl Graeser 7 Gwynn Lake Drive

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3-29-38

UNDERTAKER (Address) Albert L. Hilly 1606 N Charles Street

FILED 3 31 1938 Thomas J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1938 to 3/25, 1938

I last saw her alive on 3/25, 1938 Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Ruptured Appendix	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/24/38

For what disease or injury? Perforated Abscess

Name of operation Incision & Drainage

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...If so, specify

(Signed) E. I. Lisansky, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15241

CERTIFICATE OF DEATH

93-C F 15241

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 635 Portland St., 22-7 Ward

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annetta Anna Reiser

If U. S. Veteran specify WAR

(a) Residence: No. 635 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Reiser

DATE OF BIRTH (month, day, year) Apr 4 1862.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	21.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Rothlinghoffer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT (Address) John Reiser 1140 Carroll St.

BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar. 28 38

UNDERTAKER (Address) Mr. Mrs. John W. Geufel & Son 801 W. Lafayette St

Huntington Williams, N.P. Registrar

FILED MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 21st 1938, to Mar 25, 1938.

I last saw her alive on Mar 25, 1938. Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with Hypertension — Date of onset ?

Other contributory causes of importance: Myocarditis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. H. Hyatt M. D.

(Address) 421 E Fort Ave.

F 45242

5242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Morris St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Hutchins

If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Morris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 60

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas H West.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Frose

16. BIRTHPLACE (city or town) (State or country) St Marys County

INFORMANT Estella Hutchins

(Address) 902 Morris St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Mar 28th 1938

UNDERTAKER Elroy C Wilson

(Address) 1000 Bentley Ave

FILED ..... 19... ..... Registrar.

8 1938 Flemington Worcester, Mass

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25 1938 to March 25 1938

I last saw h... alive on March 25 1938 Death is said to have occurred on the date stated above, at 645 Pm

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis	One year
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) ..... M. D.

(Address) .....

243 # HEALTH DEPARTMENT—CITY OF BALTIMORE 15243

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Peabody Apts St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 36 yrs. - mos. - ds. How long in U. S. If of foreign birth 21 yrs. 10 mos. 14 ds.

2. FULL NAME Lela Rutledge Kefauver
If U. S. Veteran specify WAR NONE.

(a) Residence: No. Peabody Apts St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Webster M. Kefauver

6. DATE OF BIRTH (month, day, year) May 11 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Va.
13. NAME OF FATHER Capt Wm. Rutledge
14. BIRTHPLACE (city or town) (State or country) York Penna
15. MAIDEN NAME OF MOTHER Annie Lambert
16. BIRTHPLACE (city or town) (State or country) Taneytown md.
17. INFORMANT Mr W. M. Kefauver (Husband)
(Address) Peabody Apts
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Mount Date May 28 1938
19. UNDERTAKER Stewart & Company
(Address) 1 W Saratoga St
Thomas Williams, Registrar.

No. 87538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937 to May 25 1938
I last saw h-- alive on May 25 1938. Death is said to have occurred on the date stated above, at 7 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	5/24/38
Chr Myocardites	1937
Other contributory causes of importance:	
Chr Interstitial Nephritis	1937

Was an operation performed? no Date of
For what disease or injury?
Name of operation no
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas H Hunter M. D.
(Address) 3013 St. Paul St.

e.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15241 — CERTIFICATE OF DEATH — 50 — F 15241

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 2025 Rogers Av ST. 27-15 WARD

2—FULL NAME Louise K Piersol

(a) RESIDENCE NO. 2025 Rogers Av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Piersol

ATE OF BIRTH (month, day, and year) Mar. 19, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	8	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

IRTHPLACE (city or town) (State or country) Long Green Balto. Co., Md.

10 NAME OF FATHER Jos. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Sarah Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Long Green Balto. Co. Md.

Informant Mrs. Otho J Haynie

(Address) 2025 Rogers Ave

Filed MAR 28 1938, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27/38

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 34, to Mar 27, 19 38

that I last saw h[illegible] alive on Mar 26, 19 38

and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) Wm. N Pearce, M. D.

Mar, 19 38 (Address) 2105 Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremalia, Balto. Co., Md.

DATE OF BURIAL Mar 30 19 38

20 UNDERTAKER Wm. C. Brooks & Son

ADDRESS Towson, Md.

4-0832

HEALTH DEPARTMENT—CITY OF BALTIMORE

45245

CERTIFICATE OF DEATH

94-B F 45245

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2018 Rockrose St. (Ward) 13-8

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence M. Fink

If U. S. Veteran specify WAR

(a) Residence: No. 2018 Rockrose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Anna L. Fink

DATE OF BIRTH (month, day, year) Dec 14, 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Overseer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Pa.

13. NAME Unnas Tingley

14. BIRTHPLACE (city or town) (State or country) York, Pa.

15. MAIDEN NAME ? Shaffer

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Anna L. Fink

(Address) 2018 Rockrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/28 1938

19. UNDERTAKER Edward D. Crampton

(Address) 2144 E. 25th St.

20. FILED MAR 28 1938 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset 3/25/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D. Coroner

(Address) Coroner

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45246 — V 108 F 45246

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Broadway Sq. Hosp. St. 15-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Chalk, Jr.

(a) Residence: No. 2035 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 31 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N°
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME Charles T. Chalk Sr.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Edna J. Miller

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Charles T. Chalk Sr.
(Address) 2035 W. North Ave

BURIAL, CREMATION, OR REMOVAL
Place Lakewood. Date March 29 1937

UNDERTAKER Thomas Allen.
(Address) 3015 Greenmount Ave

FILED R 28 1938 Lington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 24, 1937

I last saw h[illegible] alive on March 24, 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Bagley M. D.

(Address) Fallston, Harford

In mourning.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15247 15247 107-a F

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Edgehill Ave. 13-8 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ann Bailey

(a) Residence: No. 4208 Edgehill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Bailey.

6. DATE OF BIRTH (month, day, year) Aug 21, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. plc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Elizabeth Shildt.

(Address) 4208 Edgehill Ave.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date March 29 1938

19. UNDERTAKER Thomas Flynn

(Address) 3415-17 Chestnut Ave

19a. FILED MAR 28 1938 [illegible] for Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1938, to Mar 25th, 1938

I last saw her alive on Mar 25th, 1938 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/23/38
Other contributory causes of importance: Heart Failure	3/15/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Thompson M. D.

(Address) 209 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

15248 — CERTIFICATE OF DEATH — 131 — 31749 JS — F 15248

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2-3 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 58 yrs. mos. ds.

FULL NAME Rose Borzynowsk or Rosalie Borzymowski

If U. S. Veteran specify WAR

(a) Residence: No. 2046 Fountain St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) 3-3-1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jacob Niedzwieck

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ? Niedzwieck

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 29 38

UNDERTAKER George A. Weber
(Address) 700 S. Ann St

FILED ..... 19..... Registrar.

MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to March 27, 1938.
I last saw her alive on March 27, 1938. Death is said to have occurred on the date stated above, at 12 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Sanctis M. D.
(Address) Baltimore City Hospitals

D. P. 1268-9

15219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15219 ✓ 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Bond St. 2-3 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Maryanna Napora

(a) Residence: No. 625 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of John Napora

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Poland

13. NAME OF FATHER John Salus

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Barabie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Napora

(Address) 625 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Memorial Park Date March 31 1938

19. UNDERTAKER George A. Weber

(Address) 705 S. Bond St.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 26, 1938

I last saw h[illegible] alive on March 26, 1938 Death is said to have occurred on the date stated above, at 1:05 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo L. Kylander M. D.

(Address) 176 S. Patterson Pk. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45250 — CERTIFICATE OF DEATH — 169 F 45250

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (Ward) Provident Hospital 11-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR.

2. FULL NAME Wm Ashby Roots
(a) Residence: No. 1115 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (Shelbyville Co
(State or country) Solomon Robertson Va

13. NAME

14. BIRTHPLACE (city or town)
(State or country) Va

15. MAIDEN NAME Johnnie Johnson

16. BIRTHPLACE (city or town)
(State or country) Va

17. INFORMANT Joshua Potts
(Address) 1724 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date March 28 38

19. UNDERTAKER Thomas E. Gibson
(Address) 1803 Pennsylvania Ave

20. FILED MAR 28 1938 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death as stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	March 23 38

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 3-23 1938

Where did injury occur? 1115 McCulloh St Ballpk
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Jumped out 2nd story window

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. S. Allen M. D.
(Address) 50 S. Augusta St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15251

CERTIFICATE OF DEATH

94-B 15251

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Poplar Grove St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dulcie Dove Burr

If U. S. Veteran specify WAR

(a) Residence: No. 1105 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest W. Burr

6. DATE OF BIRTH (month, day, year) July 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME Anthony Garner

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mac Millian

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Ernest W. Burr

(Address) 1105 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL Ashford, W. Va. March 29/38
Place Date 19

19. UNDERTAKER Harry L. Antzle

(Address) 4101 Edmondson Ave.

FILED MAR 28 1938 M., 19 Huntington Mallonee, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1936, to March 26, 1938

I last saw her alive on, March 26, 1938. Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	3/22-38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Rehmer M. D.

(Address) 1101 Poplar Grove St

15252

HEALTH DEPARTMENT—CITY OF BALTIMORE

15252

CERTIFICATE OF DEATH

V 34-82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 n Schroeder St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice G Davis

(a) Residence: No. 322 n Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Mount N C

13. NAME Frank Davis

14. BIRTHPLACE (city or town) (State or country) Rocky Mount NC

15. MAIDEN NAME Virginia Dorsey

16. BIRTHPLACE (city or town) (State or country) Palmer NC

INFORMANT Frank Davis

(Address) 322 N Schroeder St

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 28, 1938

18. UNDERTAKER Mrs Katie L. Wallace

(Address) 322 N Schroeder St

Huntingtown Williams, Md.

19. FILED MAR 28 1938

MEDICAL CERTIFICATE OF DEATH (25)

21. DATE OF DEATH (month, day, year) 3-25-1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and (saw the deceased alive, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (his) (her) death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset 3/25/38

Other contributory causes of importance: Senility — (Probable)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

5253 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15253

31250 Js

CERTIFICATE OF DEATH

62 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St 22-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Estella Hollins

(a) Residence: No. 118 W. Perry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Jones

6. DATE OF BIRTH (month, day, year) 6-20-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Leah Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interlaken Date 3/28 1938

19. UNDERTAKER Walter B. Speight
(Address) 139 W. H. and S.

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to March 27 1938

I last saw her alive on March 27 1938. Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-27-38
Other contributory causes of importance: Pellagra	Feb 1938

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) H. A. de Fontbella M. D.

(Address) Baltimore City Hospitals

✓ F 45254

5254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 165 CC

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2040 Eastern Ave St. Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ruzin

(a) Residence: No. 2040 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elenora Ruzin

DATE OF BIRTH (month, day, year) March 8 81

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Jos Ruzin

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Elenora Bialek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Sabey Poland
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date March 29 1938

19. UNDERTAKER Fred J W Ozarowski

(Address) 1930 Eastern Ave

FILED 1938 Registrar Hattie Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Injuries by Strangulation	March 26 1938
(b)	
(c)	
(d)	

Other contributory causes of importance: Circulation Melancholia Recent

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury March 26, 1938

Where did injury occur? 2040 Eastern Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Jumping to garage

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. O. Wood M. D. Coroner

(Address) 111 N. Howard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

15255 — CERTIFICATE OF DEATH — 46-D — F 15255

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 13-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs. Grace Atkinson

(a) Residence: No. 3813 Kenwick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Widow of C. Walter Atkinson

6. DATE OF BIRTH (month, day, year) October 24-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME OF FATHER Reuben Haines

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

15. MAIDEN NAME OF MOTHER Mary Ruby

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Frank Haines

(Address) 3875 Fall Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery March 29th 1938

19. UNDERTAKER H. S. Marshall

(Address) 3539 Falls Road

20. DATE 3-28 1938 19 Received Huntington Filed 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to March 27, 1938.

I last saw her alive on March 27, 1938. Death is said to have occurred on the date stated above, at 2:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum, hypostatic pneumonia, intestinal obstruction	

Other contributory causes of importance:

Dehydration

Circulatory failure

Was an operation performed? Yes Date of March 23/1938

For what disease or injury? Intestinal Obstruction

Name of operation Release of adhesions; Intestinal Stoma Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

15256

CERTIFICATE OF DEATH

121 F 15256

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 13-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George W Seulty — If U. S. Veteran specify WAR

(a) Residence: No. 3511 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie V. Seulty

6. DATE OF BIRTH (month, day, year) Abt. 13-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill Hand

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

13. NAME George W Seulty

14. BIRTHPLACE (city or town) (State or country) Carroll County Md

15. MAIDEN NAME Alice L. Ritter

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md

17. INFORMANT Mrs Jennie V. Seulty

(Address) 3511 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL Pine Ridge Date Mar 29/38

19. UNDERTAKER A. Lillard Hall

(Address) 3539 Frankford Ave Hunting for Williams, Md

20. FILED APR 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 27, 1938

I last saw him alive on March 27, 1938. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Gangrenous)	
Other contributory causes of importance: Intestinal Obstruction Malnutrition	

Was an operation performed? Yes Date of February 13, 1938

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? W.B.C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. H. C. Carterius Jr. M. D.

(Address) Md. General Hospital

15257

HEALTH DEPARTMENT—CITY OF BALTIMORE

15257

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1221 N Mullon St. (or) 8-3 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Adam Blosse Sr

(a) Residence: No. 1221 N Mullon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice V. Blosse

6. DATE OF BIRTH (month, day, year) March 28 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car Co

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Newman Ills

13. NAME OF FATHER John Blosse

14. BIRTHPLACE (city or town) (State or country) Ills

15. MAIDEN NAME OF MOTHER Ida Cutler

16. BIRTHPLACE (city or town) (State or country) Ills

17. INFORMANT Mrs Alice V Blosse

(Address) 1221 N Mullon St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 29 38

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

20. FILED ... 19... Thurston Williams, Registrar

MAR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1938

22. I, HEREBY CERTIFY, That I attended deceased from April 14 1937 to March 26 1937. Death is said

I last saw him alive on March 25 1937. Death is said to have occurred on the date stated above at 6 / 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Myocarditis	

Was an operation performed? Yes Date of Dec 7-1937

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Young M. D.

(Address) 1812 E Broadway

✓ F 45258

15258 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No.

1. PLACE OF DEATH 4015 Walnut Ave. Overlea (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 27-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Spanish American

2. FULL NAME John Bujac

(a) Residence: No. 4015 Walnut Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion D. Bujac

6. DATE OF BIRTH (month, day, year) Sept 17- 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Bujac

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Ellen A. Kelso

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Marion D. Bujac

(Address) 4015 Walnut Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 29 . 1938

18. UNDERTAKER Richard Wagner

(Address) 1620 Lephunton St.

FILED Mar 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26 . 1938

22. I HEREBY CERTIFY That I attended deceased from Mar 25 1938 to Mar 26 . 1938

I last saw her alive on Mar 26 . 1938 Death is said to have occurred on the date stated above, at 9:15a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset
3/26/38

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Winfield Scott M. D.

(Address) 15 Vernon Rd Balto

F 15259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 9-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina Curtis Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1911 Sapp St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/2/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	3	23	

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8c. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME Wm. Curtis

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Cornelia Pierce

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

15. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 3/28 1938

16. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

17. FILED ..... 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21 1938 to March 25 1938

I last saw him alive on March 25 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-18-38
Empyema	3-21-38
Pericarditis	3-23-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler, Jr. M. D.

(Address) Johns Hopkins Hospital

E 15260

HEALTH DEPARTMENT—CITY OF BALTIMORE

5260

CERTIFICATE OF DEATH

1610 J 64-B

Registered No. 3425

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospt. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gustav Voebel

If U. S. Veteran specify WAR

(a) Residence: No. 331 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

DATE OF BIRTH (month, day, year) 6-17-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Mover
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) D. C.

10. NAME Charles

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Elizabeth Werner

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT B. C. H. Records
(Address)

15. BURIAL, CREMATORY, OR REMOVAL UNIVERSITY MEDICAL SCHOOL MAR 28 1938
Place Commissioner of Health

16. UNDERTAKER For H. A. Moore
(Address)

17. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 22, 1938
I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-22-38
Other contributory causes of importance Arteriosclerosis	unknown

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.
(Address) Baltimore City Hospitals

3906

HEALTH DEPARTMENT—CITY OF BALTIMORE #29641

15261 F 15263

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Z-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anthony F. Helinski, Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1734 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June. 17. 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto., Md.

12. NAME Anthony F. Helinski, Sr.

13. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Stella

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rogery Date 3/29 38

19. UNDERTAKER John J. Kryda

(Address) 2211 Hudson St

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 1-5 , 1938 to 3-27 , 1938

I last saw him alive on 3-27 , 1938 Death is said to have occurred on the date stated above, at 12.20 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Empyema
Lobar pneumonia

Was an operation performed? Yes Date of 1/13/38

For what disease or injury? Empyema

Name of operation Rib resection

What test confirmed diagnosis? X-Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Tradkin , M. D.

(Address) Baltimore City Hosp

H

5262 F 15262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W oc

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 334 Linn St., 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Coleman

(a) Residence: No. 714 Madison Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 5 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington
(State or country) D.C.

13. NAME Geo Coleman

14. BIRTHPLACE (city or town)
(State or country) Va

15. MAIDEN NAME Sarah Kennedy

16. BIRTHPLACE (city or town)
(State or country) Va

17. INFORMANT Marie Gardner
(Address) 714 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 3/28/ 1938

19. UNDERTAKER Frances A. Wemple
(Address) 5 E. Biddle St.

20. FILED . 19 Registrar

838 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 . 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h is death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
	5 years

Other contributory causes of importance:
Valvular heart disease (chronic)
Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1 E. 21 St.

15263 ✓ F 15263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 E. West ? St. 24-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry. Stallo

(a) Residence: No. 131 E. West St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude M. Lindung STALLO

DATE OF BIRTH (month, day, year) June 4th. 57

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. Pol
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

12. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Gertrude M. Stallo
(Address) 131 E. West St

BURIAL, CREMATION, OR REMOVAL.
Holy Cross a.a.c. Date 3-29 1938

UNDERTAKER Bernard C. Harle
(Address) 121 E. West St

1938 ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to March 25th 1938
(Last saw him alive on March 25th 1938) Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/20/38
Chronic Nephritis	Jan 1937
Hypertension	Jan 1937

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank Mullen, M. D.

(Address) 122 S. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

264 — 92-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. — Registered No.

CITY OF BALTIMORE: (No. ... St., 8-4 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Frederick Kratz — If U. S. Veteran specify WAR S.A.W.

(a) Residence: No. 1110 N. Montford Ave., Balto. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Schmidt

6. DATE OF BIRTH (month, day, year) January 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 165

10. Date deceased last worked at this occupation (month and year) 2 yrs. 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Kratz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Louise Hammerbacher

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL Place National Cem. Date March 30th 38

UNDERTAKER Fredk Lassahn & Son (Address) 720 Belair Rd

FILED 1938 — Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 27, 1938

I last saw him alive on March 27, 1938 Death is said to have occurred on the date stated above, at 10:46 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, aortic & mitral	1931
Pneumonia, terminal	terminal

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 45265

265

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 426 W. Caroline St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John N. Camper
(a) Residence: No. 426 W. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	6. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of: Ella Camper

DATE OF BIRTH (Month, day, year): February 16 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Daniel Camper
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Hester Wright
16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Ella Camper
(Address) 426 W. Caroline St

BURIAL, CREMATION, OR REMOVAL
Place: Pet Zion Date: 3/30 19 38

UNDERTAKER: Robert L. Young
(Address) 804½ E. Caroline St.

FILED 28 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to March 27 1938
I last saw him alive on March 24 1938 and death is said to have occurred on the date stated above, at 5.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	14 yr
Other contributory causes of importance: Chr. Bronchopneumonia Nephritis Hypertension Arteriosclerosis	14 yr

Was an operation performed? no Date of
For what disease or injury?
Name of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Young M. D.
(Address) 1424 E. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15266 131 F 15266

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 801 E. Chase St., 10-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Margaret Ann Healy

(a) Residence: No. 801 E. Chase St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Healy

7. DATE OF BIRTH (month, day, year) Oct. 24 1877

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) City

14. NAME Bernard McCusker

15. BIRTHPLACE (city or town) (State or country) Ireland

16. MAIDEN NAME Ann Reardon

17. BIRTHPLACE (city or town) (State or country) Ireland

18. INFORMANT Mrs. Kate Flynn

(Address) 321 N. Carrollton Ave

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar. 30, 1938

20. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St

Date MAR 28 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/1938

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to March 26 1938

I last saw her alive on March 26 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	1934
Chr. Interstit Nephritis	?
Chronic Congestion of Liver - Arteriosclerosis	1938
Other contributory causes of importance: Generalized arteriosclerosis with Hypertension	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William P. Knight M. D.

(Address) 10 E. Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 15267

106-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hos. St., 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John O Stanowski

(a) Residence: No. 524 S. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 7-17-81

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 0013

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Poland

12. NAME Hypolite O Stanowski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Antonette ?

15. BIRTHPLACE (city or town) (State or country) Poland

16. INFORMANT Son
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date March 29 1938

18. UNDERTAKER Fred W. Ozgowski
(Address) 1930 Eastern Ave

19. FILED March 29 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20. 1938. to March 25. 1938

I last saw h[illegible] alive on March 25. 1938. Death is said to have occurred on the date stated above, at 2 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary emphysema and Chr. Bronchitis	1925 ?
Cor pulmonale with resp. insufficiency	1937

Other contributory causes of importance:
Generalized arteriosclerosis
Chronic Alcoholism

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John A. Luetscher, Jr. M. D.
(Address) Johns Hopkins Hospital

(Sample)

HEALTH DEPARTMENT—CITY OF BALTIMORE

15268

CERTIFICATE OF DEATH

82-4 F 15268

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 Argyle St. 17-2 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Shingle

(a) Residence: No. 922 Argyle Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	-	-	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (city or town) (State or country) Pocomoke Md

INFORMANT Alice Smith

(Address) 922 Argyle ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-29- 1938

UNDERTAKER Jas. A. Stymied

(Address) 1429 Fayette ave

MAR 28 1938 [illegible] Wm. H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24 1938 to March 27 1938

I last saw h[illegible] alive on March 27 1938 10 AM Death is said to have occurred on the date stated above, at 10 AM

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia — Date of onset March 24 38

Other contributory causes of importance:

Arteriosclerosis — 7

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyland Keyser, M. D.

(Address) [illegible]

✓ F 45269

5269)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Jos. Moriarty

(a) Residence: No. 421 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced HUSBAND of Margaret Mooney

DATE OF BIRTH (month, day, year) Nov 23. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Holyoke, Mass

13. NAME Eugene Moriarty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Landers

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT John E. Moriarty

(Address) Waterbury Conn.

BURIAL, CREMATION, OR REMOVAL

Place Calvary Cemetery. Waterbury Conn Date 3-28 1938

UNDERTAKER John C. Miller Inc

(Address) 2435 E. Oliver St

FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac Dilatation	1 hr.
Pulmonary Oedema	
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2760 Eutaw Place

938

5270) HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15270

CERTIFICATE OF DEATH

210-M

Registered No. 12-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorthy Lee Tonroe

(a) Residence: No. 426 Whitridge Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1.1. 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos. M Tonroe

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Eleanor Tighe

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Jos. M. Tonroe

(Address) 426 Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/29 19

19. UNDERTAKER Mary M. Rudofield

(Address) 20 E 33rd St.

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and (on the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident March 27, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Playing in Street Struck By Auto. (Truck)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Owsley M. D. Coroner

(Address) 2757 W Nor

15271

HEALTH DEPARTMENT—CITY OF BALTIMORE

15271

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 S. East ave 21-10 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank Anthony Trabert

If U. S. Veteran specify WAR .....

(a) Residence: No. 36 S. East ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C Trabert

DATE OF BIRTH (month, day, year) June 5 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meadow Lop Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Trabert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Furst

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Wife Anna C.

(Address) 36 S. East ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 30 1938

UNDERTAKER Frank V. Catalone

(Address) 2918 E. Baltimore st

FILED Huntington Williams, M.D.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1938 to 3-27, 1938

I last saw him alive on 3-27, 1938. Death is said to have occurred on the date stated above, at 7 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
myocardial degeneration	3-22-38.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Gould M. D.

(Address) 14 N. East ave

5272 ✓ No 15272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Balto. Gen. Hosp
CITY OF BALTIMORE: (No. ..... St., 15-3 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Stevenson

(a) Residence: No. 2411 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 29-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Paul C. Stevenson

14. BIRTHPLACE (city or town) (State or country) Salem. New Jersey

15. MAIDEN NAME Mildred Eckert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Paul C. Stevenson
(Address) 2411 Baker St

18. BURIAL, CREMATION, OR REMOVAL, Place Morelands Memorial 3/29/38

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

20. FILED ..... 19 ..... Registrar.

938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to 3-27, 1938

I last saw her alive on 3-27, 1938 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - right lower lobe	3-19
Empyema - rt. pleural cavity	3-24
Gangrene of lower lobe rt lung	3-26 (?)
Pulmonary Edema	3-27
Other contributory causes of importance: Bronchopneumonia - left lung	?

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto Gen. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

15273

CERTIFICATE OF DEATH

15273 ✓ 124-B

Registered No. 15273

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...60... yrs. ...mos. ...dys. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

If U. S. Veteran specify WAR No Record

2. FULL NAME Walter Yonson

(a) Residence: No. 1209 N. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
HUSBAND of (or) WIFE of Elizabeth Yonson

6. DATE OF BIRTH (month, day, year) Oct 17, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 1926 | 11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Louis Yonson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert W. Yonson (Address) Pasadena Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Mar 29 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Filed MAR 29 1938 for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938 to March 26, 1938

I last saw him alive on March 26, 1938 Death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	Unknown
Secondary anaemia	"
Arteriosclerosis	"
Other contributory causes of importance:	
	(illegible)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, (illegible)

(Signed) George H Jones M. D.

(Address) University Hospital

15274 HEALTH DEPARTMENT—CITY OF BALTIMORE 15274

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. .... St. .... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs Estelle Jarboe
If U. S. Veteran specify WAR No Record

(a) Residence: No. .... Pikesville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev. Wilson T. Jarboe

6. DATE OF BIRTH (month, day, year) July 2, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
55	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Mack Aldridge
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Miss R. Molesworth
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Rev. Wilson T. Jarboe
(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md. Date Mar 29 1938
19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED Mar 29 1938 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938 to March 26, 1938
I last saw her alive on March 26, 1938 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	

Other contributory causes of importance:

Was an operation performed? yes Date of March 26, 1938
For what disease or injury? Ca. of Sigmoid
Name of operation Excision Ca. of Sigmoid
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. R. Scarborough Jr. M. D.
(Address) Md. Gen'l. Hosp.

F 15275

5275 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #31847

CERTIFICATE OF DEATH ✓ 34-1-95-13 SF

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Thimm

If U. S. Veteran specify WAR No Record

(a) Residence: No. 810 S. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Balvine~~ Balbina

6. DATE OF BIRTH (month, day, year) 2/6/~~1864~~ 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~74~~ 61	~~71~~	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Henry Thimm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Mar 31st 1938

19. UNDERTAKER Wm Cook

(Address) 217 S. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/38 19

22. I HEREBY CERTIFY, That I attended deceased from March 21 1938 to March 26 1938

I last saw ~~him~~ alive on March 26 1938. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Nov 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lacalle M. D.

(Address) Baltimore City Hospitals

15276 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15276

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2825 Overland Ave. Ward) 27-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma V. White

(a) Residence: No. 2825 Overland Ave. Ward. Hamilton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John White

6. DATE OF BIRTH (month, day, year) Oct 27 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) Mar 1938
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John V. Franke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Wilkinson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carl V. Doerderlein
(Address) 2825 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/29, 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24th, 1938, to March 26th, 1938.
I last saw her alive on March 26th, 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	3/26/38

Other contributory causes of importance:

Myocarditis	Dec. 1937
Arteriosclerosis	Unknown

Was an operation performed? No Date of -----

For what disease or injury? -----

Name of operation -----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Montgomery M.D.

(Address) 201 E 25th St.

43422 HEALTH DEPARTMENT—CITY OF BALTIMORE

15277 CERTIFICATE OF DEATH 54-B F 15277

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 14-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Priscilla Bush

If U. S. Veteran specify WAR

(a) Residence: No. 1827 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Peter

DATE OF BIRTH (month, day, year) 5/17/04

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
33	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Hickens Va—

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emmeline Smith Va—

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Relatives—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date 3/29 38

19. UNDERTAKER T. G. Kalon

(Address) 1202 Pennsylvania Ave

20. FILED 3 29 1938 Registrar Washington Wilhelm, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1938 to Mar 27 1938

I last saw her alive on Mar 27 1938 Death is said to have occurred on the date stated above, at 1.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative broncho-pneumonia.	3-25-38
Other contributory causes of importance: Post-operative paralytic ileus	3-23-38

Was an operation performed? Yes Date of Mar. 24, 1938

For what disease or injury? Myomata of uterus

Name of operation? hysterectomy, removal of adhesions, appendectomy, release of right ovarian

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. F. Stevenson M. D.

(Address) Johns Hopkins Hospital Balto., Md.

15278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15278

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Eastdale St. 27-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J Locke

If U. S. Veteran specify WAR

(a) Residence: No. 3014 E Eastdale Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo W Locke

6. DATE OF BIRTH (month, day, year): 2-8-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: Frederick Fuge

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME of Mother: Mary Roeder

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs James Barnes

(Address) 3014 E Eastdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto County Date: 3/29/38

19. UNDERTAKER: Leonard J Ruck

(Address) 5305 Harford Rd

20. FILED MAR 29 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 3/27/38, 19

I last saw her alive on 3/27/38. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Primary)	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) Grover Fuller M. D.

(Address) 6103 Bonfoy Rd

(79) E 15279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Chilham Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Morgan Ness

(a) Residence: No. 2213 Chilham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E. Wahman

DATE OF BIRTH (month, day, year) Sept 10, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Geo. Washington Ness

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Johanna Ruker

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Philip Ness
(Address) 2213 Chilham Road

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 3-29-38 19

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED . 19 (Registrar.)

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 . 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3 . 1933 . to March 27 . 1938

I last saw him alive on March 26 . 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1933

Other contributory causes of importance:

Cerebral Embolism — Date of onset 3 27 38

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Mitchell M. D.

(Address) 2112 Maryland Ave

230

F 15280

28359
342359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Tooma

(a) Residence: No. 1923 E Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 2-6-38

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	7 Weeks	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

13. NAME Jos Tooma

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Getner

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Mar. 29-38 19

UNDERTAKER John F. Miller & Son
(Address) 2304 E. Fayette St.

Filed 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28. 1938. to March 27. 1938

I last saw her alive on March 27. 1938. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	3-4-38
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

15281 F 15281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Belair Rd 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick B. Spicer

(a) Residence: No. 4608 Belair Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 7-1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Del

13. NAME Spicer

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Russell H. Spicer

(Address) 3418 Vinson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood cem. Date Mar. 31-38 19

19. UNDERTAKER John L. Miller

(Address) 334 Jefferson St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/ , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Pulmonary edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D.

Coroner

(Address)

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

15282

CERTIFICATE OF DEATH

CCK--31429 Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mercy Sykes

(a) Residence: No. 1220 McCulloh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy

6. DATE OF BIRTH (month, day, year) March 9, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29	29,	0	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) N. C.

12. NAME Albert

13. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Apr 1 1938

Place Mt Calvary Cem. Frafer

19. UNDERTAKER Columbus Halstead

(Address) 218 E. Lexington Baltimore

20. FILED Apr 2 1938 Harry J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7-1938 to 3-26-1938

I last saw him alive on 3-26-1938 Death is said to have occurred on the date stated above, at 7.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown
Tuberculous peritonitis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp

F 15283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2307 Penna Ave 14-3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Alverta Barnes
(a) Residence: No. 2307 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Barnes

DATE OF BIRTH (month, day, year) April 30-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md
13. NAME Shephard
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —
17. INFORMANT Mary Heathen (Address) 2307 Penna Ave
18. BURIAL, CREMATION, OR REMOVAL Place Ward Co Md Date 3/30 1938
19. UNDERTAKER T. G. Nelson (Address) 1203 Pratt St
DATE 3-29 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset 3/25/38

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen, M. D. Coroner
(Address) Co Sanitarium

6

15281 E 15284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 13 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry C. Collins

(a) Residence: No. 821 W. 35th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alverta M. Collins

DATE OF BIRTH (month, day, year) Dec. 3, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Overseer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linen Thred Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry C. Collins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Adeline

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Alverta M. Collins
(Address) 821 W. 35th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 31, 1938

19. UNDERTAKER Horace K. Burgee
(Address) 3651 Falls Road

20. FILED March 29, 1938 Filing Clerk for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

Inquiry
(Inquest, Autopsy or Inquiry)

Inquiry
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	Mar 27
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. J. Hanna M. D.
Coroner

(Address) 1822 W. Baltimore St.

15285 F 15285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6129 Ridgeview Avenue. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Rethercot

(a) Residence: No. 6129 Ridgeview Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Arthur Rethercot

DATE OF BIRTH (month, day, year) Dec 26th 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) -- 11. Total time (years) spent in this occupation -----

7. BIRTHPLACE (city or town) (State or country) Crosscombe, England

13. NAME James Rossiter

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mr Arthur Rossiter
(Address) 6129 Ridgeview Avenue.

~~BURIAL, CREMATION~~ OR REMOVAL

Place Chicago, Ill. Date March 30th '38

UNDERTAKER J. H. Pedas
(Address) Huntingtown, Williams, N.Y.

FILED MAR 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Chronic Myocarditis	

Other contributory causes of importance

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumacher M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

15286

CERTIFICATE OF DEATH

193-CF 15286

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N 29th St. 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lezzie Carter

If U. S. Veteran specify WAR

(a) Residence: No. 522 N 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Catherine M. Carter

DATE OF BIRTH (month, day, year) Nov. 12, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank Carter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Nora Lennon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Beatrice Carter

(Address) 822 W 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/30 1938

19. UNDERTAKER Bernard D. Conaty

(Address) 21 W. 25th St.

FILED MAR 29 1938 Huntington Williams Registrar

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 3/27/38

Other contributory causes of importance: Asceties

Was an operation performed? / Date of

For what disease or injury? None

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D.
(Coroner)

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

15287 CERTIFICATE OF DEATH ✓ 46-3 F 15287

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 Hollins St., 19-3 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

FULL NAME James H. Barnett

(a) ~~Residence~~: No. 1408 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Josephine Barnett

DATE OF BIRTH (month, day, year) Unknown 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad B. & O. R.R. Co.

8. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 43

9. BIRTHPLACE (city or town) (State or country) Pikesville, Md

10. NAME James H. Barnett Sr.

11. BIRTHPLACE (city or town) (State or country) Baltimore County U.S.A.

15. MAIDEN NAME Carrie Partridge

16. BIRTHPLACE (city or town) (State or country) Ellicott City, Md U.S.A.

17. INFORMANT James E. Peters

(Address) Schenectady, N.Y.

18. BURIAL, ~~CREMATION~~ (OR REMOVAL)

Place Loudon Park Date 3/30 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED APR 29 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938, to March 26, 1938

I last saw h~~im~~ alive on March 26, 1938 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

(First Symptoms early in 1937)

Other contributory causes of importance:

Date of onset (?)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Williams S. Triplett M. D.

(Address) 1326 N. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15288

CERTIFICATE OF DEATH

✓ 23 F 15288

Registered No. 21-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernice Lotta

(a) Residence: No. 903 Ryan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	42	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 3-28-38

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

19 MAR 29 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/23/, 1938 to 3/27/, 1938

I last saw her alive on 3/27/, 1938. Death is said to have occurred on the date stated above, at 12 55 m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis
Miliary Tuberculosis

Date of onset 3/12/38 ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest S. Dyer M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15289 CERTIFICATE OF DEATH ✓181 F 15289

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 2-2

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lulu Green

(a) Residence: No. 173 Register St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4-1-1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME of Parents

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lois Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Records John Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Ch Date March 30 38

19. UNDERTAKER (Address) Pratt & Williams 315 McCulloh St

FILED 3-29-1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns (1st 2nd 3rd)	Sept 24 1937
Pyelonephritis	

Other contributory causes of importance: Anemia Acute - Pernicious 11-10-37

Was an operation performed? Yes Date of 11-26-37 3-4-38

For what disease or injury? Burns Extensive Skin Grafts (2) Date of

Name of operation

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Accident Date of injury 3-25, 1938

Where did injury occur? Home 173 Register St (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was rubbing alcohol to

Nature of injury ignited

24. Was disease or injury in any way related to occupation of deceased? (Yes or No, specify)

(Signed) Geo. S. Allen M. D.

(Address) 5 E Franklin St

15290 E 15290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So. Balto Gen Hosp Ward) 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Lenyer

(a) Residence: No. 2426 Oak St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Lenyer

6. DATE OF BIRTH (month, day, year) March 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Williamston
(State or country) N. C.

13. NAME Wiley Lenyer

14. BIRTHPLACE (city or town) Williamston,
(State or country) N. C.

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town)
(State or country) N. C

17. INFORMANT Josephine Lenyer
(Address) 2426 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Mar 30, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Schroeder St.

20. FILED 29 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1938 to 3-27, 1938

I last saw him alive on 3-27, 1938 Death is said to have occurred on the date stated above, at 6:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease of unknown etiology	over

Other contributory causes of importance:
Cardiac hypertrophy
Acute cardiac dilatation

Was an operation performed? Yes Date of 3-25-38
For what disease or injury? Pyorrhea Alveolaris
Name of operation Curettement of Rt Lgs
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify .....

(Signed) Elton Rennick M. D.
(Address) So. Balto Gen Hosp

F 15291

5291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Delson — If U. S. Veteran specify WAR .....

(a) Residence: No. 938 Whitelocks St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lonisi

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3/29/38

UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St.

FILED ... By ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/38 . 19 ... to 3/28/38 . 19 ...

I last saw h.. alive on 3/28/38 . 19 . Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left lung	Aug. 1937
Pleural effusion	

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ...

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ....

(Signed) Jerome Hartz M. D.

(Address) Sinai Hospital

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15292

CERTIFICATE OF DEATH

✓124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-13 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth 38 yrs. mos. da.

2. FULL NAME Max Brilliant

If U. S. Veteran specify WAR

(a) Residence: No. 3727 Towanda Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Lautzsky

DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Brinq

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 3/29/38 19

UNDERTAKER Paul Levine Inc.

(Address) 1439 E. Baltimore St.

FILED 19 Registrar.

Huntington Williams, M.D.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/20/38 19 to 3/28/38 19 38

I last saw h. IM alive on 3/28/38 19. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic carditis
Cardiac cirrhosis of liver
Ascites (recurrent)

Date of onset 1922?

over

Other contributory causes of importance

Auricular fibrillation
Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. Stanley Bank, M. D.

(Address) Sinai Hospital

5293 F 15293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. 5293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 2005 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. veteran specify WAR

2. FULL NAME Sophie Lima

(a) Residence: No. 2687 Eagle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Congetto Lima

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Hyman Bressner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Congetto Lima

(Address) 2687 Eagle St.

BURIAL, CREMATION, OR REMOVAL Woodlawn Mem'l Rd 3/20/38 19

UNDERTAKER Jos. F. Lowman

(Address) 1459 E. Baltimore St.

FILED 1938 Williams, N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	3 da

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. J. Williams Coroner, M. D.

(Address) 182 W. Baltimore St.

F 15291

291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. 320-7

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3908 Old Frederick Rd. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hurley
If U. S. Veteran specify WAR

(a) Residence: No. 3908 Old Frederick Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Hurley

6. DATE OF BIRTH (month, day, year) April 16, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galway Ireland
13. NAME John Moran
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Ward
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT John J. Hurley
(Address) 3908 Old Frederick Rd.
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 30/38
19. UNDERTAKER Harry A. Dietze
(Address) 4101 Edmondson Ave.
20. FILED 1938 Huntington Withaye, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26th, 1938
22. I HEREBY CERTIFY, That I attended deceased from November 15 1937 to March 26, 1938
I last saw her alive on March 26 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas with metastasis in spinal column	
Other contributory causes of importance: Myocarditis	

Was an operation performed? yes Date of Dec. 14, '37
For what disease or injury? carcinoma
Name of operation Laparotomy
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) John B Pound M. D.
(Address) 2 West Read Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

5295 5295 93-c

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Harford Road St. 27-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Blachowicz

If U. S. Veteran specify WAR .....

(a) Residence: No. 4417 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Blachowicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine Wawrzyniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martin Blachowicz
(Address) 809 S. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Mch. 31 1938

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 38 to March 28 38
I last saw him alive on March 28 1938. Death is said to have occurred on the date stated above, at 8.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year
Other contributory causes of importance:	
Arterio-Sclerosis	2

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Joseph L. Valentowicz M. D.
(Address) 16 S. Rosedale

F 15296

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Joseph Maurice Kellman

(a) Residence: No. 1628 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 6, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Nathan Kellman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Freeda Zumikoff

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL [illegible] MAR 29 1938 19

[illegible] Commissioner of Health

UNDERTAKER Per H. A. Moore
(Address)

FILED [illegible] 1938 Pennington Williams, N.J.
[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 27, 1938

I last saw him alive on March 27, 1938 Death is said to have occurred on the date stated above, at 12.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown Enlarged Adrenal Glands (?)	

Other contributory causes of importance:

Partial Atelectasis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Louis M. D.

(Address) Sinai Hospital

E 15297

15297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1427 W. Lanvale St. St. 16 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Lee

(a) Residence: No. 1427 W. Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Lee

DATE OF BIRTH (month, day, year) Jan 20, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Henry Hyson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Paul Lee

(Address) 1427 W. Lanvale St.

BURIAL, CREMATION OR REMOVAL

Place Lancaster Pa Date 3/30/38

UNDERTAKER Francis A. Hemsley

(Address) 378 W. Biddle St

FILED 19

3 29 1938 [illegible] Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to Mar 27 1938

Last saw h[illegible] alive on Mar 27 1938 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6/15/37
Other contributory causes of importance: Uremia	3/25/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wilbur Levy M. D.

(Address) 1928 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 N. Kenwood Ave St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Camalier
If U. S. Veteran specify WAR

(a) Residence: No. 605 N. Kenwood St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith

6. DATE OF BIRTH (month, day, year) Apl. 27 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City
13. NAME OF FATHER Geo M.
14. BIRTHPLACE (city or town) (State or country) City
15. MAIDEN NAME OF MOTHER Estl. B. Coun
16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Ida M. Camalier
(Address) 605 N. Kenwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Mar. 31, 1938

UNDERTAKER John F. Tyrrell
(Address) 3000 E. Baltimore St.

FILED 19 Registrar

MAR 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1936 to Mch 27, 1938

I last saw h alive on 19 / Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	3/1/36
Chron. Interstitial Nephritis	5/1/37
Other contributory causes of importance Hypertensive Encephalopathy	3/26/38

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William H. Peyton M. D.
(Address) 801 N. Kenwood Ave

(529)

HEALTH DEPARTMENT—CITY OF BALTIMORE

(E 1529)

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Louise Harman

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 17, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anne Tripp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Home for Incurable
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 3/31 '38

19. UNDERTAKER Geo. W. Little
(Address) 2100 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937 to Mar 29 1938

I last saw her alive on Mar 28 1938 Death is said to have occurred on the date stated above, at 12, 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general and cerebral	
Other contributory causes of importance: Cerebral thrombosis	3-22-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19 ..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Conrad Acton M.D.

(Address) Home for Incurables

938 Huntington Hillsdale, N.Y.

15300 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15300

CERTIFICATE OF DEATH

× 53-D

1. PLACE OF DEATH Church Home & Infirmary 1625 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1625 E. Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Casey Williams — If U. S. Veteran specify WAR

(a) Residence: No. Fieldstone Rd. Randallstown St., ... Ward. Randallstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Saml Opal Williams

DATE OF BIRTH (month, day, year) Aug. 17, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	7	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dietrich Bros. Assn. Inc.

10. Date deceased last worked at this occupation (month, day, year) October 25, 1937 — (1) Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME J. W. Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary E. Mason

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Wife
(Address) Fieldstone Rd. Randallstown

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 31 1938

UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Ave.

FILED 1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1938 to 3-29-1938

I last saw him alive on 3-28-1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Sphenoid Sinus	Nov 1937

Other contributory causes of importance:

Abscess of brain (Secondary) Meningitis (secondary)	

Was an operation performed? biopsy Date of Nov 1937

For what disease or injury? Sarcoma sphenoid sinus

Name of operation .....

What test confirmed diagnosis? path Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Wesley J. Ketz M. D.
(Address) Church Home & Inf.

5301 E 15301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 31042 (MB) 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-5 Ward)

Length of residence in city or town where death occurred 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Maxter.

(a) Residence: No. 2044 N. Washington Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis

DATE OF BIRTH (month, day, year) 9/23/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	6	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME ? Donnelly (d)

13. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date March 31 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 22. 1938. to March 28. 1938

I last saw her alive on March 28. 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-28-38
Other contributory causes of importance: Cerebral Hemorrhage	2-22-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella, M. D.

(Address) Baltimore City Hospitals

F 45302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Candie

(a) Residence: No. 252 Schroeder St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 3-26-38

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Candie

14. BIRTHPLACE (city or town) (State or country) ~~Baltimore Md~~ Philadelphia Penn

15. MAIDEN NAME Leona ~~Conklin~~ Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walker
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAR 29 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. 1938 Austin F. Williams, Registrar.

391 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-26 10:55 AM 1938 to 10:50 PM 3-26, 1938

I last saw him alive on 3-26 1938 Death is said to have occurred on the date stated above, at 1:00 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Intracranial Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hospital

15303 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15303

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Mem. Hospital St. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Harry W. Kluth (Anna B.) If U. S. Veteran specify WAR

(a) Residence: No. 4105 Groveland Ave St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Mar.

If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of Harry William Kluth

DATE OF BIRTH (month, day, year) Mar. 9, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt. City.

13. NAME Robert S Bankard

14. BIRTHPLACE (city or town) (State or country) Calvert Cty Md

15. MAIDEN NAME Elizabeth B. Wales

16. BIRTHPLACE (city or town) (State or country) Calvert Cty Md

INFORMANT Harry W Kluth
(Address) 4105 Groveland Ave

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Mar 31 1938

UNDERTAKER Harry A. Mencacek
(Address) 4204 Ridgewood Ave

FILED ... Registrar.

1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-19 . 1938, to " " . 19

I last saw her alive on 3-29-38 . 19 . Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Rheumatic fever	
Duration of Present Illness 18 mos.	
as far as can be determined	
Other contributory causes of importance:	
Coronary occlusion ?	3-19-38
Cardiac embolus ?	3-14-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B Wales Heard M. D.

(Address) Union Mem. Hospital

5304 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12712 (MB) F 15304

CERTIFICATE OF DEATH

Registered No. 114-B

. PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME George E. Jones,

(a) Residence: No. 220 S. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

ATE OF BIRTH (month, day, year) 5/14/~~1850~~ 1855

GE	Years	Months	Days	If LESS than 1 day hrs. or min.
~~87~~	82. ~~87~~	10	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME Ely Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Trusty

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Date April 2 38

Place Cut Rose

UNDERTAKER Robert E. Oppenheimer & Sons

(Address) 804 E. Baltimore St.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 28, 1938

I last saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lung abscess Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. de Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#31552 SF

15305

CERTIFICATE OF DEATH

34-J-1938 15305

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospitals St. 5-2 Ward)

ngth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Mary Folks

(a) Residence: No. 1039 Front St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	colored	married

If married, widowed, or divorced
HUSBAND of Fred
(or) WIFE of

ATE OF BIRTH (month, day, year) 4-13-1873 ~~4/22/1885~~

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~9~~ 44	~~58~~	11	~~5~~ 14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME unk.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/30 1938

UNDERTAKER Rayner Sanders
(Address) 1413 E Friston St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11. 1938. to March 27. 1938.

I last saw her alive on March 27. 1938. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-11-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. de Lamble M. D.

(Address) Baltimore City Hospitals

238

H

F 45306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45306

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Eman st St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Keaveney

(a) Residence: No. 1513 Eman st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 10 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80		17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Galway
(State or country) Ireland

12. NAME Philip Keaveney

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME ~~Julia Wall~~ unknown

16. BIRTHPLACE (City or town) unknown
(State or country)

INFORMANT Julia Wall
(Address) 1513 Eman st

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/30/38 19

UNDERTAKER Leonard J. Rust
(Address) 5305 Harford Rd

FILED ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/21/, 1938 to 3/27/, 1938

I last saw h[illegible] alive on 3/27/, 1938. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	3 Yrs
Myocarditis	1 Yr
Other contributory causes of importance:	
Arteriosclerosis	1 Yrs
Chronic Nephritis	1 Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas J. Voliva M. D.

(Address) 522-522 W Pratt St

F 45307

5307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. St. 276 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Thomas Paskiewicz

(a) Residence: No. 2809 Hemlock Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walczak Paskiewicz

DATE OF BIRTH (month, day, year) Dec. 14, 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc For Henry Centerborne

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frances Paskiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL Holy Rosary Cem. York Rd N

UNDERTAKER (Address) William Cook 1217 St Paul St

1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to March 26, 1938. I last saw him alive on March 26, 1938. Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1921
Hemorrhage, pulmonary	3-17-38

Other contributory causes of importance:

Was an operation performed? yes Date of 3-22-38 3-26-38

For what disease or injury? Tuberculosis, hemorrhage.

Name of operation Thoracentesis, blood transfusion

What test confirmed diagnosis? Cl. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. H. a Dem, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

LTP/5

5308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45308

Registered No. 94 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Pulton Grove St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Hannis Cole

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1719 Fulton Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Cole

DATE OF BIRTH (month, day, year) Dec 10 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Father Hannis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Scott

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT (Address) Lillian Cole 1719 Fulton Grove St

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date Mar 30 1938

UNDERTAKER (Address) William Cook 1217 E. Pratt St

1938 FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1938 to Mar 28 1938

I last saw h alive on Mar 27 1938 Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Pulmonary Edema	2 hrs

Other contributory causes of importance:

Myocarditis

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Kahn M. D.

(Address) 2027 Druid Pk

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Ellen Dewlin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2 Berkley St Towson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (Write the word): Widow

6. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Andrew Jackson

7. DATE OF BIRTH (month, day, year): Jan 26-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Richard Mason

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Emma A Woodland

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Otis Dewlin 2 Berkley Sq. Towson

BURIAL, CREMATION, OR REMOVAL. Place: Greenmt Date: 4/1/38

UNDERTAKER (Address): Williams Cooke 12 17 St Paul St.

Huntington Williams, NY

Registrar.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938 to March 29, 1938

I last saw her alive on March 28, 1938 March 29 Death is said to have occurred on the date stated above, at 5 1/2 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach - Date of onset .....

Internal hemorrhage .....

Secondary Anemia .....

Weakness Mother .....

Other contributory causes of importance:

Hemorrhage .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry L. Ryder M. D.

(Address) Johns Hopkins Hosp.

✓ F 45310

5310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178a

Registered No. 23-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Marshall St. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Peters.

(a) Residence: No. 1713 Marshall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If ~~MARRIED, WIDOWED~~ divorced, HUSBAND of (~~or WIFE of~~) Annie Peters.

DATE OF BIRTH (month, day, year) September 3, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John C. Peters.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Rayner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frederick Peters. (brother)

(Address) 1709 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bedad 36th March 30 38

19. UNDERTAKER William Cook

(Address) 214 St Paul Street

20. FILED Thomas J. Fisher, Registrar

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence given me, held an inquiry
(Inquest, Autopsy or Inquiry)
and obtained by said inquiry
(Inquest, Autopsy or Inquiry)
find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Accidental death	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/27/38

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Coffee boiling over extinguished gas.

Nature of injury Illuminating gas poisoning.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

3/29/38 (Address) 1017 S. Charles St.

Dr Fort 20 E. Preston St

5311 5311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Linden Ave Ward 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No record

2. FULL NAME Nina D. Dorsey

(a) Residence: No. 2327 Linden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	~~Married~~ Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 2nd 1917

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	10	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME David R. Dorsey

14. BIRTHPLACE (city or town) (State or country) Kukaown

15. MAIDEN NAME Nina Dorsey

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Nina D. Dorsey 2327 Linden Ave

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem March 30 38

UNDERTAKER (Address) William Cook 217 S. Paca Street

FILED 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to March 28, 1938

I last saw her alive on March 28 19 . Death is said to have occurred on the date stated above, at 5.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic Sarcoma of Left Antrum	4 years ago?
Other contributory causes of importance: Metastasis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Deep x Ray Only — X Ray & Biopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilmer Fort — M. D.

(Address) 20 E. Preston St —

5312 V F 15312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Fannie Whittington Russell

If U. S. Veteran specify WAR

(a) Residence: No. 5605 Fernpark Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Wallace Russell

6. DATE OF BIRTH (month, day, year) Oct. 29, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5-4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) do 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md

13. NAME Mr Luther Dimmick

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Miss Mary ~~Maurice H.~~ George

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Mary F. Henry

(Address) 3535 Hayward Ave.

BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Cem. Date March 29 38

UNDERTAKER J. H. Lamonaca

(Address) 1003 E. Baltimore St.

FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to March 27, 1938

I last saw her alive on March 27, 1938. Death is said to have occurred on the date stated above, at 2.27 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-10-38
Arteriosclerotic heart disease	
Azotemia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Dieve M. D.

(Address) Union Memorial Hospital

15313 E 15313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (Ward) 5

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Medley

(a) Residence: No. Beachville St Marys County Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rev John H Medley

DATE OF BIRTH (month, day, year) Jan 20-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME of Father James Forster

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Elizabeth White

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Rev John H Medley

(Address) St Marys County Md

18. BURIAL, CREMATION, OR REMOVAL

Place Beachville, Md Date March 30 38

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED MAR 30 1938 Registrar Wm. Fletcher Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1938

22. I HEREBY CERTIFY, That I last saw the deceased [illegible] inquiry Tuesday

(Inquest, Autopsy or Inquiry)

[illegible] inquiry Tuesday

(Inquest, Autopsy or Inquiry)

saw [illegible] and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Mar 31
Pulmonary Edema	
Emphysema	
Strangulated Umbilical Hernia	20 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J. Allen M. D. Coroner

(Address) 500 Lexington St

15314 HEALTH DEPARTMENT—CITY OF BALTIMORE 15314

CERTIFICATE OF DEATH V 131.

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 778 W Saratoga St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Pinkney
(a) Residence: No. 778 W. Saratoga St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX: female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): widowed
If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Pinkney
DATE OF BIRTH (month, day, year)
AGE: Years: 50 | Months: | Days: | If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 50
BIRTHPLACE (city or town) (State or country): Annapolis Maryland.
13. NAME: Clinton Burgess
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Missey Peterson
16. BIRTHPLACE (city or town) (State or country): annapolis Md
INFORMANT (Address): Lucie N. Blunt 778 W Saratoga St
BURIAL, CREMATION, OR REMOVAL
Place: Brewer Hill, Md Date: Mar 30, 38
UNDERTAKER (Address): Mrs Katy R. Williams 322 N Schroeder St.
FILED: Hamilton Williams Jr
MAR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938 to March 28 1938
I last saw her alive on March 28 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Nephritis (Bright's Disease) Date of onset March 20th
Other contributory causes of importance: Bronchial Pneumonia Feb 20 '38
Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno. A. Sullivan Jr. M. D.
(Address) 434 E 23rd St.

5315

F 45315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31604 RHW

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 76-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ryan

If U. S. Veteran, specify WAR [illegible] Record

(a) Residence: No. 6532 St. Helena Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Allenia B. Ryan

DATE OF BIRTH (month, day, year): 8/11/1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elec Foreman unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year): 4/37

11. Total time (years) spent in this occupation: 14

BIRTHPLACE (city or town) (State or country): England

13. NAME: John Ryan

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Alice Byrne

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT (Address): Hospitals records

BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Mar 31st 1938

UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED ..... 19 ..... Register

Huntington Station, N.Y.

30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 28, 1938.

I last saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hobe Lantella M. D.

(Address) Baltimore City Hospitals

F 45316

45316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 165

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Enroute from Northern Police St. (Ward) Station (If death occurred in hospital or institution, give its NAME instead of street and number.)
to Lunacy Mass. Hospital
How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran, specify War. No Record

2. FULL NAME Louis Taney
(a) Residence: No. 423 Kenneth Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Esther G. Taney

DATE OF BIRTH (month, day, year) Nov 20th 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	44	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kept Confec. Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2019
10. Date deceased last worked at this occupation (month and year) 3/24/38
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Louis Taney
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Elizabeth Quintil
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Esther G. Taney
(Address) 423 Murdock Rd - Annapolis
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 31st 1938
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED Mar 30 1938 Hearing to Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:
Suicide from hanging — Date of onset 3/29/38
Other contributory causes of importance: Alcoholic Psychosis
Was an operation performed? Date of
For what disease or injury?
Name of operation No
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-29- 1938
Where did injury occur? Cell in Northern Police
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Police Cell
Manner of injury Hanging
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John N. Evans, M. D. Coroner
(Address) 612 St 40

5317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45317

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Bayonne St. Ward) 26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta Lee Perry

If U.S. Veteran specify War No Record

(a) Residence: No. 2903 Bayonne St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed or divorced: (or) WIFE of Gilbert H

6. DATE OF BIRTH (month, day, year): Apr 16-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Marcus Green

14. BIRTHPLACE (city or town) (State or country): Alabama

15. MAIDEN NAME: Elizabeth McCafe

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Gilbert H Perry

(Address) 2903 Bayonne

BURIAL, CREMATION OR REMOVAL

Place Western Date 3/31 1938

UNDERTAKER: William Cook

(Address) 277 St Paul St.

FILED 1938

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1928 to March 28 1938.

I last saw her alive on March 25 1938 Death is said to have occurred on the date stated above, at 11.52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus	3/28/38
Chronic myocarditis	1925
Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon M. D.

(Address) 2810 Fayette Ave. Hamilton P. O.

5318 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15318

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Hemple Ct St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Agnes Carter James

If U. S. Veteran specify WAR ...

(a) Residence: No. 1406 Hemple Ct St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd James

DATE OF BIRTH (month, day, year) 11-29-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. packing

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Dorsom

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Lloyd James

(Address) 1406 Hemple Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/31, 1938

19. UNDERTAKER Mitton Davis

(Address) 612 N Eden St

20. FILED 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1937 to 3/28, 1937

I last saw her alive on 3/25, 1938 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unknown
Other contributory causes of importance:	
Chronic nephritis	?
chronic myocarditis	?

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation NO

What test confirmed diagnosis? URINARY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) H. Monroe Hall M. D.

(Address) 1500 E. Madison

5319 F 45319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 27-47

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. Ward)

Length of residence in city or town where death occurred over 40 years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Berna Grunehalt

(a) Residence: No. Hebrew Home for Aged & Infirm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sigmund Weinblatt Supt
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place H.H. Barnes Date 3/30/38

19. UNDERTAKER Jos. Lenz Inc
(Address) 1431 E. Baltimore St

20. FILED 19 Huntington Williams Registrar

MAR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1934 to March 29, 1938

I last saw h[illegible] alive on March 29, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco pneumonia	3-28-38
Hypostasis	
Other contributory causes of importance:	
Chr Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lorraine

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15320 — 11-a — F 15320

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1002 Vine St. (Ward) 18-E

Length of residence in city or town, where death occurred, 30 years 0 mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Branch

(a) Residence: No. 1002 Vine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas Branch

DATE OF BIRTH (month, day, year) 12-20-70

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 3/1/38 | 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

13. NAME Ellen Williams

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

15. MAIDEN NAME Virginia Garner

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

INFORMANT Mr. Nicholas Branch

(Address) 1002 Vine St

BURIAL, CREMATION, OR REMOVAL

Place Laurel Md. Date Mar 1938

UNDERTAKER Troy & Wiser

(Address) 600 Frankstown Ave

Registered 3/30 1938 Huntington Williams, M.D.
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 1938 to March 28 1938

I last saw her alive on 3/25 1938 Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/12/38
Other contributory causes of importance: Ulcer of Leg and Varicose	3/12/38

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gunn M. D.

(Address) 522 N. Arlington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

15321

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Manuel Troncoso

(a) Residence: No. 806 S. Broadway, Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) Jan. 1, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 2-8-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bigo, Spain

13. NAME Manuel Troncoso

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Candida Troncoso

16. BIRTHPLACE (city or town) (State or country) Spain

INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Date May 30, 38

UNDERTAKER E. Leroy Stuffle, Inc.
(Address) 125 E. Hoffman Ave.

FILED Ft. Lington Williams, M.D.

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to March 27, 1938.

I last saw h. im alive on March 27, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, bilateral, far advanced	1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital, Balto Md.

15322

HEALTH DEPARTMENT—CITY OF BALTIMORE

15322

CERTIFICATE OF DEATH ✓ × 56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Length of residence in city or town where death occurred 0 yrs 0 mos 6 ds. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Stanley Hall

(a) Residence: No. Reisterstown, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) M 20-32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	-	- 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md

13. NAME OF FATHER Stanley Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Ethel Berry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Stanley Hall

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pimlico Cemetery Date 3/30 1938

19. UNDERTAKER Frances A. Walmsley

(Address) 5764 Liddall St.

20. FILED 3 30 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pancarditis	2 mos.
Other contributory causes of importance: Cardiac Dilatation	2 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams M. D.

Coroner

(Address) 1360 Eutaw Place

5323 F 15323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3754 Hickory ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth F Garfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 3754 Hickory Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. (If married, widowed, or divorced) HUSBAND of (or) WIFE of Edward Garfield

DATE OF BIRTH (month, day, year) May 16th 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George W. Yates

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT John Yates

(Address) 3754 Hickory ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Ave Date Dec 31 1938

UNDERTAKER P A Conaghall

(Address) 3539 Falls Road

FILED ..... 19 ..... Will Registered

Attending for Friends 12

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Dec 29, 1938

I last saw h[illegible] alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arthritis Deformans	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joel Taylor M. D.

(Address) 1822 Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15321 F 15321

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4643 Coleherne Road St. 28-4 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME KATHERINE E. McKEWEN If U. S. Veteran specify WAR

(a) Residence: No. 4643 Coleherne Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John F. McKewen

DATE OF BIRTH (month, day, year) Jan. 29, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Thomas Dougherty

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT John F. McKewen

(Address) 4643 Coleherne Road

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 1 1938

UNDERTAKER Chas J. Evans & Son

(Address) 18 N. Mt. Royal Ave

MAR 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to March 29 1938.

Last saw h alive on March 28 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast.	
Oedema of Lungs & Myocardial Degeneration.	

Other contributory causes of importance:

Was an operation performed? Yes. Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

Was disease or injury in any way related to occupation of deceased? No

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15325 CERTIFICATE OF DEATH 59 F 15325

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 19-1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Maggie Murray

(a) Residence: No. 1607 Edmondson St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Sgle -

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 23 - 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 -	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME John Gault

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Carroll

16. BIRTHPLACE (city or town) (State or country) Md -

INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date March 30 1938

18. UNDERTAKER Archibald C. Gaddis
(Address) 2101 McCulloh St

Huntington Williams, M.D.
Registrar.

19 ____

3/30/1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to June 27, 1938

I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas bacillus infection	
Diabetes mellitus	
Other contributory causes of importance:	
Cancer - uterus	

Was an operation performed? Yes Date of 3/26/38

For what disease or injury? ____

Name of operation Incision & drainage

What test confirmed diagnosis? → Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ____

(Signed) Frederick T. Merchant, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12652

F 15326

CERTIFICATE OF DEATH

Kistner, SF

9-487-B

F 15326

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

43 y-s

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alma Kistner

If U. S. Veteran specify WAR .....

(a) Residence: No. 634 E. 30th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

DATE OF BIRTH (month, day, year) 6/13/1893 or 6/15/1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	13	
or	44	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Marysville, Pa. or Balto., Md.

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ida Weaver

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Hospital Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL Chestnut Grove Place Margaretville, Pa. Date 3/31/38 19

UNDERTAKER George J. Ruth Inc

(Address) 2[illegible] Huntington Williamsport, Pa.

MAR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 28, 1938.

I last saw her alive on March 28, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-22-38

Other contributory causes of importance:

Multiple sclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

15327 15327 #31837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a SF

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helena Wietman

(a) Residence: No. 1830 Bank St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of ~~Wife~~ George Wietman

DATE OF BIRTH (month, day, year) 1888 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ~~Wife~~. Germany

12. NAME unk Wilhelm Broeskhe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie. Ausk

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date Mar 31 38

UNDERTAKER (Address) W. S. Fialkowski 2007 Eastern Ave

FILED ..... 19 ..... Registrar

30 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 28, 1938. I last saw her alive on March 28, 1938. Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-21-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. de Santalla M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

15328

CERTIFICATE OF DEATH

✓ 131 F 15328

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Nicks

(a) Residence: No. 1014 N Madeira St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VIRGINIA

13. NAME Samuel Grant

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Grant

(Address) 134 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL Washington Va.

Place Mt. Moriah Cem. Date Mar 31 19 35

19. UNDERTAKER Mrs. R. A. Elliott and Daughter

(Address) 1129 W. Caroline St.

FILED APR 20 1935 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1928 to 3/26 1935

I last saw h. alive on 3/26 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
1) Mitral Heart Disease & Cardiac Decompensation	3
2) Chronic Nephritis	
3) Chronic cholecystitis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) R. L. Jones M. D.

(Address) Provident Hospital

15329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15329

53-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Calloway Ave. Ward) 15-11

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maude S. Fleisinger

3(a) Residence: No. 3402 Calloway Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Fleisinger

DATE OF BIRTH (month, day, year) Nov. 2 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel Lenker

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Babbette Greenbood

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Wm. Fleisinger

(Address) 3402 Calloway Ave.

BURIAL, CREMATION, OR REMOVAL

Bal. Hebrew Cem. Date Mch. 30 1938

UNDERTAKER Chas. Sondheimer & Son

(Address) 1903 Eutaw Place

Date 1938 Registrar .....

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to March 28 1938

I last saw h.. alive on Mar 28 1938 Death is said to have occurred on the date stated above, at ..... P. m.

The principal cause of death and related causes of importance were as follows: Brain Carcinoma

Date of injury 12/34

Other contributory causes of importance: Exhaustion

Was an operation performed? Yes. Date of .....

For what disease or injury? Brain Growth

Name of operation Removal of Tumor of Brain

What test confirmed diagnosis? By Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howard Hall M. D.

(Address) 2401 London Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15330 ✓96 F 15330

15330

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 19-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Margaret Freyman

(a) Residence: No. 1832 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Freyman

DATE OF BIRTH (month, day, year) Dec 27th 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md,

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elenor Thompson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis Freyman

(Address) 1832 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cemetery Date 3/31/38

19. UNDERTAKER Geo. Wilbur & Son

(Address) 2503 Edmondson Ave

MAR 30 1938

Washington Philadelphia Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/18/38, 19 to 3/29/38, 19

I last saw her alive on 3/29, 1938. Death is said to have occurred on the date stated above, at 9:15 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta	2
Coronary Thrombosis	
	over

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. E. Schmidt, M. D.

(Address) Sinai Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15331 — CERTIFICATE OF DEATH — 108 F 15331

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N Lafayette ave St. 46-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Cameron

If U. S. Veteran specify WAR

(a) Residence: No. 1013 N Lafayette ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-16-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. manf loyd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Bertie Cameron

(Address) 1013 N. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3, 31

19. UNDERTAKER Mrs & Chas G. Bailey

(Address) 140 Jefferson St

MAR 30 1938 Huntington Williams Mort

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 19 to 3/25, 19

I last saw h alive on 3/25, 19. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ben Rhyne M. D.

(Address) 2 W Mt

HEALTH DEPARTMENT—CITY OF BALTIMORE

15332 CERTIFICATE OF DEATH V164-4 F 15332

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Hanover St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry M. Connaway.

(a) Residence: No. 608 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, HUSBAND of XXXXXXXXXXXX Elizabeth Connaway.

6. DATE OF BIRTH (month, day, year) March 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Connaway.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Elizabeth Connaway.(wife)

(Address) 1522 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/31/ 19 38

19. UNDERTAKER Margaret E. Flynn

(Address) 1762 Light St.

FILED MAR 30 1938 19 Registrar, 3/30/38

S 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 29, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide while maetally incapacitated	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 3/30/38 19

Where did injury occur? 608 Hanover St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury From gas stove.

Nature of injury Illuminating gas poisoning.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. M. Barnhart, M. D. Coroner

(Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15333 F 15333

CERTIFICATE OF DEATH

52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Ground Ave (St.) 7 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie A Frost

(a) Residence: No. 1604 Ground Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred A Frost

6. DATE OF BIRTH (month, day, year) Sept 27 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	1	

7. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper Retired housework

8. Industry or business in which work was done, as farm, mill, saw mill, bank, etc. Housework

9. Date deceased last worked at this occupation (month and year) .....

10. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

11. NAME OF FATHER Lemuel Hopper

12. BIRTHPLACE (city or town) (State or country) Ireland

13. MAIDEN NAME OF MOTHER Do not know

14. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Margaret Keeler 6828 Hamilton Ave

BURIAL, CREMATION, OR REMOVAL Apr 1 1938

Place Loudon Park Cem

UNDERTAKER Margaret A Thomas

(Address) 1422 Riggs St.

FILED Mar 30 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Mch 28 1938

I last saw her alive on 3/28/38 11 Am Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Face	Jan 1938
Carcinoma Breast	6 mo

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

I ..... M. D.

(Signed) H C Hough M

(Address) 1429 Whitelock

E 45334

15334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Garrison Blvd St. 15-8 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Marks

(a) Residence: No. 2501 Garrison Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

7. DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Marks.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Marks.
(Address) 2501 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Lot Washington Rd Date March 30 1938

19. UNDERTAKER Sol Levenson Bro.
(Address) 1124-26 W Baltimore

20. FILED ..... 19..... ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March-24-, 1938, to March-30-, 1938. I last saw h.. alive on March-30-, 1938. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart disease	Prob. 3 yrs duration
Other contributory causes of importance: arteriosclerosis	

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Herman Siedl M. D.

(Address) 2404 Eutaw Pl

3241 15335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x 131

Registered No. 15335

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Moran

(a) Residence: No. Sunnie Hotel - Ft St., Price Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unmarried

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of

DATE OF BIRTH (month, day, year): 5/9/87

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME OF FATHER: Thomas Moran

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Mary Peffer

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Friends JOHNS HOPKINS HOSPITAL 430 - No Pratt

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cem. Date Mar 31st 1938

19. UNDERTAKER (Address): Geo M. Smith & Son 811 N Eutaw

20. FILED ..... 19..... By .....

MAR 30 1938 Huntington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938 to March 28, 1938

I last saw him alive on March 28, 1938 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis

Urinary tract infection

Date of onset 1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Sarah H Donnelly M. D.

(Address) Johns Hopkins Hospital

F 45336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5336

54-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Madison Ave St. 11-4 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Catherine Campbell

(a) Residence: No. 1229 Madison Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race Cau	5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Campbell

6. DATE OF BIRTH (month, day, year) June 15 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Married Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Almost 6 mos

11. Total time (years) spent in this occupation Almost 6 mos

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Herman Thomas

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Sarah Calvert

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Russell Campbell

(Address) 1229 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Park Date March 30 1938

19. UNDERTAKER Charles S. Woofter

(Address) 5142 Belleview St.

20. FILED 19 Registrar

MAR 30 1938 Huntingdon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above 1230 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Probably) Coronary Thrombosis	

Other contributory causes of importance Senile

Was an operation performed? yes Date of March 21 1938

For what disease or injury? Influenza

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunt Williams M. D.

Coroner

(Address) 1218 Linwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15337 F 15337

94-53 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 E. North Ave Ward 8-5) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella De Witt If U. S. Veteran specify WAR Civil War Record

(a) Residence: No. 1750 E. North Ave St, Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Chas. Edgar De Witt

DATE OF BIRTH (month, day, year) Jan 27th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

13. NAME Katherine V. Houston

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ellen Houston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha De Witt
(Address) 1750 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Date Mar 31st 1938

19. UNDERTAKER Wm Doak
(Address) 1217 St Paul St

20. FILED H. Eyton Williams, M.D.
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1938 to Mar 29 1938

I last saw her alive on Mar 13 1938 Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify

(Signed) Raymond E. Leonard, M. D.

(Address) 1107 St. Paul St

15338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15338 93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1632 Miller St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles W Ross
(a) Residence: No. 1632 Miller St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Florence Ross
6. DATE OF BIRTH (month, day, year): July 4 1884
7. AGE: Years 53 | Months 8 | Days 24 | If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Postal Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Thomas Ross
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mandy Keys
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Florence Ross
(Address): 1632 Miller St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem. Date: Mar 31, 19

19. UNDERTAKER: Lattie Ross
(Address): 1402 Ashland Ave

20. FILED: Mar 31 1938 — H. L. Hennington — Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 28, 19 38

22. I HEREBY CERTIFY, That I last attended the deceased from ... to ... and that I last saw ... alive on ... and that ... (Inquest, Autopsy or Inquiry) ... and that said deceased came ... (Inquest, Autopsy or Inquiry) ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Mar 28
	38
Other contributory causes (importance): Chronic Myocarditis	?

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I am, specify
(Signed) [illegible] M. D.
(Coroner)
(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

15339 15339

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Florence Coulby

(a) Residence: No. Freeburg, Chas. Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of William Coulby

DATE OF BIRTH (month, day, year) Oct 1876

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME THOMAS R SMITH

14. BIRTHPLACE (city or town) (State or country) EASTON, MD.

15. MAIDEN NAME MARY E. CHAPMAN

16. BIRTHPLACE (city or town) (State or country) TALBOTT. CO. MD.

INFORMANT MRS. BESSIE C. BARBOUR

(Address) 5312 MORALA ROAD

17. BURIAL, CREMATION, OR REMOVAL Charles Co. Md.

Place Hayside Cem. Date 4/1/38

UNDERTAKER Charles H. Bailey

(Address) Bel-Alton Md.

MAR 30 1938 Huntingtown Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/38. 19

22. I HEREBY CERTIFY, That I attended deceased from March 24. 1938 to March 29. 1938

I last saw her alive on March 29. 1938 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

Meningitis, Pneumococcic — Date of onset 3/25/38

Other contributory causes of importance:

CT. Tis Mediastinitis Mastoiditis R1 — 3/10/38

Diabetes — ?

Was an operation performed? Yes Date of 3/26/38

For what disease or injury? Mastoiditis R1

Name of operation Mastoidectomy, Simple R1 Date of 3/26/38

What test confirmed diagnosis? lumbar puncture. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Seneca M. D.

(Address) Presbyterian Hosp. 1017 E. Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

15340

CERTIFICATE OF DEATH

X 128 F 15340

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Emma Mary Boice
If U. S. Veteran specify WAR

(a) Residence: No. 7624 Carson Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Dewitt Boice

DATE OF BIRTH (month, day, year) Sept 24 - 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston New York

13. NAME Ellen Delamater

14. BIRTHPLACE (city or town) (State or country) Kerhonkson New York

15. MAIDEN NAME Helena Breithaupt

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT DeWitt Boice Husband
(Address) 7624 Carson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date March 31 1938

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED MAR 30 1938 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to March 28, 1938

I last saw h er alive on March 28, 1938 Death is said to have occurred on the date stated above, at 5:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Acute Pancreatitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 29, 1938

For what disease or injury? Acute Cholecystitis & Ac. Pancreatitis

Name of operation Cholecystotomy & Appendectomy.

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. P. Scarborough Jr. M. D.

(Address) Md. Gen'l Hosp. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45341 CERTIFICATE OF DEATH 131 F 45341

1. PLACE OF DEATH Sinai Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Rebhan If U. S. Veteran specify WAR .....

(a) Residence: No. 1131 Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Frederick Rebhan

DATE OF BIRTH (month, day, year) Aug 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles King

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Steigerwald

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George Rebhan
(Address) 5444 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 31 1938

19. UNDERTAKER Lilly & Zeiler
(Address) 4032 W North Ave

20. M. D. Huntington Nitkamp
Registrar

MAR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/21 1938 to 3/28 1938

I last saw her alive on 3/28 1938 Death is said to have occurred on the date stated above, at 12 1938 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Disease	
Arteriosclerotic Heart Disease	
Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. Fordheimer M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45342 — 48 F 45342

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Womens Home St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Frances J. Musgrave

(a) Residence: No. 1400 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 14, 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Daytonsville Md.

13. NAME Caleb Musgrave

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane Cedams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth T. Cox (Supt.)
(Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date March 31 1938

19. UNDERTAKER T. Vernon Kahnes
(Address) 2301 Edmondson ave.

30 1938 ... Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to March 29, 1938.

I last saw her alive on March 28, 1938. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomaof the uterus	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward B. Jones, M. D.

(Address) 1115 St. Paul St., City.

✓ F 15343

5343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Ida V. Ruby

(a) Residence: No. 4112 Newton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

6. If married, widowed or divorced WIFE of (or) HUSBAND of George F. Ruby

DATE OF BIRTH (month, day, year) Sept. 12, 1889

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
48	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John F. Shaffer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachel Ann Armstrong

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. George F. Ruby
(Address) 4112 Newton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill York, Pa. Date April 1, 1938

19. UNDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

Filed 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 29, 1938.
I last saw her alive on March 29, 1938. Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-9-38

Other contributory causes of importance:
myocarditis - Chron

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry W Weise, M. D.
(Address) Maryland General Hospital

H. D. P. 1268-9

✓ F 45344

5344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital (Ward) 18-3

Length of residence in city or town where death occurred 52 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie C. Schultz

(a) Residence: No. 917 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Arthur Schultz

7. DATE OF BIRTH (month, day, year): May 7th 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	10	21.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.
13. NAME of father: Phillip Heiser
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md
15. MAIDEN NAME of mother: Marie Miller
16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT: Mrs John F. Schultz
(Address) 613 Holliday Ave Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem Date 3/31/ 1938

19. UNDERTAKER: John J Cowdrey & Son
(Address) 901 Hollins Street.

1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar-25. 1938 to Mar. 28. 1938.
I last saw her alive on Mar. 28. 1938 Death is said to have occurred on the date stated above, at 10.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular - renal disease	
Other contributory causes of importance: Congestive failure	

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Sodaro M. D.
(Address) Franklin Square Hospital

5345 ✓ E 15345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stepen James Tamburo

(a) Residence: No. Slade Ave. Reisterstown Rd. St. Balto. Co. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police (Air Port)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Raymond Tamburo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Pitarra

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam. Tamburo

(Address) Slade Ave. Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 4/1/38 19

19. UNDERTAKER Frank A. Feurer

(Address) Pikesville, Md.

FILED 1938

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury March 29, 1938, 19

Where did injury occur? Slade Ave Balto. Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Road)

Walking on Side of Road Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2757 W. [illegible]

5346 ✓ F 15346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Marx Ave St. 27-1 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Edgar Auld Jr.

(a) Residence: No. 4109 Marx Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Anna Auld

6. DATE OF BIRTH (month, day, year) June 19, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Harry E. Auld Sr.

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Weber

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Anna Auld

(Address) 4109 Marx Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 31 1938

19. UNDERTAKER John Ullyot

(Address) 1008 Orleans St

20. FILED Mar 31 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy and Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) Coroner

5347 V F 15347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 27-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 THORNBURY ROAD St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME FLORENCE E. J. MEYER

(a) Residence: No. 1817 THORNBURY ROAD St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of WIDOW OF A. C. MEYER

7. DATE OF BIRTH (month, day, year) 3/15/1858

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	NO	14	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) BALTIMORE - MD

14. NAME JOHN STELLMANN

15. BIRTHPLACE (city or town) (State or country) GERMANY

16. MAIDEN NAME SARAH CAPEAU

17. BIRTHPLACE (city or town) (State or country) NOT KNOWN

18. INFORMANT W. STRAN McCURLEY
(Address) 1817 THORNBURY ROAD

19. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 31st 1938

20. UNDERTAKER Henry W. Hopkins Sons Co.
(Address) 22 E. Centre & Richard Sts.

26. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19... to 3-14, 1938

I last saw her alive on 3-14, 1938. Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	3-29-38
CEREBRAL EMB.	

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) John F. Shuey, M. D.

(Address) 1129 St. Paul St.

M. D. B. 1268-9

F 45348

HEALTH DEPARTMENT—CITY OF BALTIMORE

15348

CERTIFICATE OF DEATH

Registered No. 1695-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts 3101 St. Charles 2-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Young

(a) Residence: No. Homewood Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race White.

5. Single, Married, Widowed, or Divorced (write the word) Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas W. Young

6. DATE OF BIRTH (month, day, year) Sept 26 1870

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westhaven Conn

13. NAME Cyrus W Suttle

14. BIRTHPLACE (city or town) (State or country) West haven Conn

15. MAIDEN NAME Jennie —

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Elinor Costile daughter

(Address) 1814 Dolphin St Mobile Ala

18. BURIAL, CREMATION, OR REMOVAL Place All Hallow Cem A.A. County Md Date Mar 31, 1938

19. UNDERTAKER Geo W. Jenkins Funeral Co

(Address) McElroy-Cochrane Co

Huntington Williams, M.D. Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1937 to March 29 1938

I last saw h&d alive on March 28, 1938. Death is said to have occurred on the date stated above, at 4.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma (caused)	1 day
Arterio Sclerosis	20 yrs.
Chronic Nephritis	15 yrs.
Cardiac hypertrophy	years.
Cardiac decompensation	1 day
Hypostatic pneumonia	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary D. McCarty M. D.

(Address) 37 W. Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 15349

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Greenway St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. — da. How long in U. S. If of foreign birth — yrs. — mos. — da.

If U. S. Veteran specify WAR

2. FULL NAME John A. McDivit

(a) Residence: No. 3409 Greenway St. — Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Hartman

DATE OF BIRTH (month, day, year) June 7, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Henry H. Meyer Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams County Pennsylvania

13. NAME Joseph P. McDivit

14. BIRTHPLACE (city or town) (State or country) Adams County Pennsylvania

15. MAIDEN NAME Mary J. Diffendal

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Mrs. Florence H. McDivit

(Address) 3409 Greenway

18. BURIAL, CREMATION, OR REMOVAL Date Mar 31 1938

Place Cathedral Cemetery

19. UNDERTAKER McCarty & Mears Inc

(Address) 502 N. Eutaw St.

FILED MAR 30 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Mch 27, 1938

I last saw him alive on Mch 26, 1938 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9/15/37
Other contributory causes of importance. Acute Dilatation of Heart	3/25/38

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) B Gill Hall, M. D.

(Address) 1631 E North Av

5350 E 15350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunai Hospital St., 14-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry Schwartz

If U. S. Veteran specify WAR

(a) Residence: No. 1624 N. Holland St., Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Lite	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Schwartz

6. DATE OF BIRTH (month, day, year) Aug 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bowling alley

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Indiana Pa

13. NAME OF FATHER John G Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John G Schwartz
(Address) 1624 Holland St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/3/1938

19. UNDERTAKER John J Kane & Son
(Address) 1600 Fulton St

20. FILED ... 19...

1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1938 to 3/29 1938

I last saw him alive on 3/29 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C.V.D	2 yrs
Ulcerative endocarditis undetermined etiology	3 mos

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jason Bamberger, M. D.

(Address) Lunai Hospital

351 F 45351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) (Ward) 2 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Caywood Jos. A. If U. S. Veteran specify WAR

(a) Residence: No. 1219 S. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 27-38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md
13. NAME Joseph A. Caywood
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Catherine I. Egger
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Joseph A. Caywood
(Address) 1219 S. Carey.
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 31 1938
19. UNDERTAKER Mr & Mrs. John H. Triebel & Son
(Address) 801 W. Fayette St
Huntington Williams M.D. (Registrar.)
20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-27-38 1938, to 3-29-38 1938
I last saw him alive on 3-29-38 Death is said to have occurred on the date stated above, at 2:29 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	3-27-38
Pneumonia	3-27-38
Other contributory causes of importance	
None	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Almost Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Mansfield M. D.
(Address) Md General Hosp.

15352 HEALTH DEPARTMENT—CITY OF BALTIMORE 15352

CERTIFICATE OF DEATH

34-94-B

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward) 6

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME David H. Boyer

(a) Residence: No. Route #1, St., ... Ward. Keedysville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) [illegible] 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rohrersville, Md.

13. NAME Jacob F. Boyer

14. BIRTHPLACE (city or town) (State or country) Rohrersville, Md.

15. MAIDEN NAME Elizabeth McBride

16. BIRTHPLACE (city or town) (State or country) Burkittsville, Md.

17. INFORMANT (Address) Records- U.S.Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Hagerstown Md Date Apr 2 1938

19. UNDERTAKER (Address) C. H. Fahrney & Bro Brunswick Md

20. FILED ..... 19 ..... Registrar Huntington Williams M.D.

APR 0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 29, 1938.

I last saw him alive on March 29, 1938. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	1917
Coronary thrombosis	3-8-38
Arteriosclerosis, general	indefinit

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. L. Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

15353 V F 15353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 15 (Ward) 2

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Charles Scheib — If U. S. Veteran specify WAR No

(a) Residence: No. 4704 Norwood Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marian G. Scheib

DATE OF BIRTH (month, day, year) Feby 13-1865

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	1	16.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father John George Scheib

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Anna Maria Lerner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marian Scheib
(Address) 4704 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Apr. 1 1938

19. UNDERTAKER H. Fletcher Sons
(Address) Norfolk Va

1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to March 29/38. 19 ____
I last saw h.[illegible] alive on March 29 1938. Death is said to have occurred on the date stated above, at 4.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Gangrene of right foot	
Hypertrophied Arteriosclerosis	
Cerebral Thrombosis	
Other contributory causes of importance: Chronic Cystitis	
Complication	

Was an operation performed? yes Date of 3-3-38

For what disease or injury? ____

Name of operation Amputation (mid-tibial-right)

What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Dr N. E. Saplorenia Jr M.D.

(Address) Maryland General Hospital

5351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15351

CERTIFICATE OF DEATH

169

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) U. S. Marine Hospital Ward 6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME John L. Daley

(a) Residence: No. 6040 Westwood Terrace St., Norfolk Va. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Crockett Daley

6. DATE OF BIRTH (month, day, year) Dec 25, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Light House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 5, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Hartford Conn.

FATHER

13. NAME Michael Daley

14. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Cork Ireland

17. INFORMANT U. S. Marine Hospital
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Tampa Fla. Date Apr. 2, 1938

19. UNDERTAKER Broadway Funl. Home
(Address) Crisfield Md.

FILED 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1938

22. I HEREBY CERTIFY, That I last visited deceased on Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset 3/29/38

Other contributory causes of importance: Carcinoma of Prostate

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, ~~or homicide~~? Suicide Date of injury 3-29 1938.

Where did injury occur? U.S. Marine Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Building

Manner of injury Jumping from 5th floor window

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Crane M. D. Coroner

(Address) Coroner

56

5355 V F 15355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 N. Payson St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelia J. Younger,

(a) Residence: No. 2006 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer E. Younger,

6. DATE OF BIRTH (month, day, year) November 5, 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

13. NAME ? Dunnigan,

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John A. Warch,
(Address) 2006 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 2 1938

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED MAR 30 1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 29 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to March 29, 1938.

I last saw her alive on March 29, 1938. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from mouth	

Other contributory causes of importance:
Probably carcinoma of the stomach

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. N. Patterson, M. D.

(Address) 2324 Reisterstown Rd

5356

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15356

CERTIFICATE OF DEATH

12624 JS 95-3

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. (St.) 22 (Ward) 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jobes

(a) Residence: No. 533 Conway St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeremiah

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME Joshua Martin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAR 30 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per W. A. Moore

20. FILED 1938 [illegible] Registrar

3315

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 27, 1938.

I last saw her alive on March 27, 1938. Death is said to have occurred on the date stated above, at 4:29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical NO

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

5357 V-15357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26892 JS

Registered No. 16-234 27-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolphus Kemp

(a) Residence: No. Riggs Ave & Calhoun St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lavenia

6. DATE OF BIRTH (month, day, year) 7-4-1876 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

13. NAME John

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date MAR 30 1938

Place

UNIVERSITY MEDICAL SCHOOL

Commissioner of Health

Per W. A. Moore

19. UNDERTAKER

(Address)

20. FILED Registrar.

1938

3314 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to 3-24, 1938

I last saw him alive on 3-23, 1938. Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Knee Joint	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/14/37 - 3/23/38

For what disease or injury? Tuberculosis Knee Joint

Name of operation (1) Incision Knee (2) Amputation High Femur

What test confirmed diagnosis? Pathology Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Kurt Eichenwald Jr. M. D.

(Address) Balto. City Hosp.

15358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 F 15358

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Carden

(a) Residence: No. 622 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

7. DATE OF BIRTH (month, day, year) 1890

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mary Hart Pa.

13. NAME Frank Carden

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAR 30 1938 Commissioner of Health

19. UNDERTAKER For H. A. Berg
(Address)

20. FILED ....., 19.... Registrar.

1938 3912 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 27, 1938

I last saw him alive on March 27, 1938. Death is said to have occurred on the date stated above, at 10.15 Pm.

The principal cause of death and related causes of importance were as follows:

Paralytic Urinary Bladder — Date of onset .....
Bilateral Hydronephrosis — Date of onset .....
Uremia — Date of onset .....

Other contributory causes of importance:
Pleural Effusion — Date of onset .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard H. Lineboro M. D.
(Address) Mercy Hospital
Cal 5400

M. D. P. 1268-9

✓ F 45359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. 5359

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. FREMONT AVE 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME NATHANIEL ROLAND

(a) Residence: No. 21 N. FREMONT AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	Newborn

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

7. DATE OF BIRTH (month, day, year) MARCH 26, 1938

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn do

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

13. NAME BENJAMIN ROLAND

14. BIRTHPLACE (city or town) (State or country) ~~RICHMOND~~ NORFOLK, (VA.) VIRGINIA

15. MAIDEN NAME LILLIE WYATT

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, (MD.) MARYLAND

17. INFORMANT MOTHER
(Address) 21 N FREMONT AVE

18. BURIAL Place ... Date ... 1938

19. UNDERTAKER (Address)

MAR 30 1938

[illegible] Registrar.

5316 H

UNIVERSITY MEDICAL SCHOOL MAR 30 1938
Commissioner of Health
Per M. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 29, 38

22. I HEREBY CERTIFY, That I attended deceased from MARCH 26, 1938 to MARCH 29, 1938

I last saw him alive on March 29, 1938 Death is said to have occurred on the date stated above, at 6:00 m. PM 3/29/38

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	MARCH 3-29-38
	ovr

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) University Hospital

F 45360

5360 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander E. Cole

(a) Residence: No. 631 N. & N.E. Washington St., ... Ward. D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) Sept. 24, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Meats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME John E. Cole

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Ann E. Ratcliffe

16. BIRTHPLACE (city or town) (State or country) Southern Maryland

17. INFORMANT Hospital Records
(Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Washington D.C. Date March 30, 1938

19. UNDERTAKER W. Leroy North & Sons
(Address) 1 Supreme Court

20. FILED ..... 19 ..... (Registrar)

1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/4 1938 to 3/30 1938

I last saw him alive on 3/30 1938 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	5 yrs
Senile psychosis	4 yrs
Diabetes mellitus	6 yrs
	5 mos.

Other contributory causes of importance:

Exhaustion

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Damian P. Algeo M. D.

(Address) 3316 Fairfield Ave

15361 3435504

HEALTH DEPARTMENT—CITY OF BALTIMORE

15361

CERTIFICATE OF DEATH

45-F

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 13-3 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles L. Rogers

(a) Residence: No. 2426 Eastland Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ojella

6. DATE OF BIRTH (month, day, year) 10/2/71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch 086

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Charles Co md

13. NAME Geo. Rogers.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Elizabeth Clayton

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Jerusalem Date 4/1 1938

19. UNDERTAKER Wilson Cook Co
(Address) 1217 E Cont

20. FILED 19 Registrar.

1938 Huntington Nottingham, MD

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Mch. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch. 26, 1938, to March 29, 1938.

I last saw him alive on Mch. 29, 1938. Death is said to have occurred on the date stated above, at 915 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pharynx & metastases	Oct 1937
Edema of glottis	Mar 1938
Other contributory causes of importance:	
Uncontrolled anemia.	June 1938
Hypertensive heart disease	c 1930

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Frederick H. Hesser M. D.

(Address) Johns Hopkins Hospital

15362 E 15362

HEALTH DEPARTMENT—CITY OF BALTIMORE

15362

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Alluisi

(a) Residence: No. 1228 E. Lafayette Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella M. Alluisi

6. DATE OF BIRTH (month, day, year) July 31. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Salvatore Alluisi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Nonnie Talbot

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Robert Alluisi 1228 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Cemetery Date 4-2-38

19. UNDERTAKER (Address) Wm. H. Holt 1210 E. Baltimore St.

20. FILED 19 Registrar

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29. 1938 to March 30. 1938

I last saw him alive on March 30. 1938 Death is said to have occurred on the date stated above, at 9:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of stomach	16 mos
Other contributory causes of importance: Metastases to liver Anemia Cachexia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Stanley Banks M. D.

(Address) Sinai Hospital

5363 (Gowan) ✓ 5363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH Mercy Hospital St. 76 Ward 9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie Gowan

(a) Residence: No. 3729 Hudson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Gowan

7. DATE OF BIRTH (month, day, year) Dec 14 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ga.
13. NAME George W. Lutz
14. BIRTHPLACE (city or town) (State or country) Ga
15. MAIDEN NAME Rebecca A. Mauldin
16. BIRTHPLACE (city or town) (State or country) Ga
17. INFORMANT Thomas J. Gowan
(Address) 3729 Hudson St
18. BURIAL, CREMATION, OR REMOVAL Mt Cook Cemetery Date 9/1 38
19. UNDERTAKER Wm. Cook Sons
(Address) 1210 N. Gilmor St
20. FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13/38, 19 to 3/30/38, 19
I last saw her alive on 3/30/38, 19 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse Colon	?
Chronic myocarditis	?
Bronchopneumonia	3/27/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/17/38

For what disease or injury? Carcinoma of Colon

Name of operation Resection and anastamosis

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. Louis M. Lugo M. D.
(Address) 120 Light St.

F 15364

15364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 UNION MEMORIAL Hosp. St. 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MR. JOHN H. HARMANSON

(a) Residence: No. 2506 N. CHARLES ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): July 14, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insp. of Actuals

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins. Co.

10. Date deceased last worked at this occupation (month, year): 1932

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

13. NAME Father of Harmanson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME Emma Albrecht

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT C. M. Dubin

(Address) 2506 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Cumberland Md Date 4/1 1938

19. UNDERTAKER Wm. Ott & Co

(Address) 1217 E. Baltimore St

20. FILED 30 1938 Huntington W. Va. Registrar H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 26, 1938, to MARCH 30, 1938

I last saw him alive on MARCH 30, 1938. Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF STOMACH	1937?
INTESTIONAL OBSTRUCTION	MAR. 22.

Other contributory causes of importance:

CIRCULATORY COLLAPSE	MAR. 29

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. D. Sunday

(Address) Union Memorial Hospital

365
342366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15365

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

Was deceased ever in U. S. Army, Navy or Marine Corps? No If so, when and where? ... U. S. Veteran

2. FULL NAME Warren Van Dyke Harrisburg

(a) Residence: No. 4007 Jonestown Road St., ... Ward. Colonial Park Penna
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Gustar Martha

6. DATE OF BIRTH (month, day, year) 4-23-77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec'y Highways

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State of Penna

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Williamsburg Penna

13. NAME Wellesia Van Dyke

14. BIRTHPLACE (city or town) (State or country) Bloomsburg Penna

15. MAIDEN NAME Emily Zoll

16. BIRTHPLACE (city or town) (State or country) Berwick Penna

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Harrisburg Pa Date March 31 1938

19. UNDERTAKER Mulhaney & Dukes + Sons
(Address) North + Penna. Ave

20. FILED 3 31 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1. 1938 to March 30. 1938

I last saw him alive on March 30. 1938 Death is said to have occurred on the date stated above, at 8 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Jan '38
Heart failure	Mar 30
Renal failure (uremia)	Mar '38
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jerome Mark M. D.

(Address) Johns Hopkins Hospital

45366 E 45366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 70-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 W. Saratoga St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly M. Wardell

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2104 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Fred C. Wardell

6. DATE OF BIRTH (month, day, year) Feb 10th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	19	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Self
10. Date deceased last worked at this occupation (month and year) 1937	11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) St. Thomas Pa

13. NAME Thomas H. Graham

14. BIRTHPLACE (city or town) (State or country) St. Thomas Pa

15. MAIDEN NAME Arabella Davis

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT Fred C. Wardell

(Address) 2104 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Pulto Date April 1st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 31 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1936 to Mch 29 1938

I last saw her alive on Mch 29 1938. Death is said to have occurred on the date stated above, at 5:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Chronic valv heart dis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Elmer H. Kalmes M. D.

(Address) 1735 Poplar Grove St

5367 E 45367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) East Coast Apts St. Paul & Eastern Ave Ward 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Louis C Jenkins
(a) Residence: No. East Coast Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C Jenkins
6. DATE OF BIRTH (month, day, year) Oct 13 1886
7. AGE Years 51 Months 11 Days 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) March 1938
11. Total time (years) spent in this occupation 12
12. BIRTHPLACE (city or town) (State or country) Kentucky
13. NAME OF FATHER Louis Jenkins
14. BIRTHPLACE (city or town) (State or country) Kentucky
15. MAIDEN NAME OF MOTHER Sallie Calkins
16. BIRTHPLACE (city or town) (State or country) Ky
17. INFORMANT Thomas C Jenkins (Address) East Coast Apts
18. BURIAL, CREMATION, OR REMOVAL Place Cincinnati Ohio Date 4/1 1938
19. UNDERTAKER W R Corbett & Son (Address) 1212 E Fort Ave
20. FILED 4/1 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1938
22. I HEREBY CERTIFY, That I attended deceased from March 26 1938 to March 30 1938
I last saw him alive on March 30 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 3-26-38
Other contributory causes of importance: none
Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wilbur M Pearce M. D.
(Address) 1 E Preston St

15368 HEALTH DEPARTMENT—CITY OF BALTIMORE 15368

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 4 ✓23

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Charles J. Feeney

(a) Residence: No. 1011 N. Washington, Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2, 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City ✓23

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Feeney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elisabeth Gribbons

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 4/1/38 19

19. UNDERTAKER Henry Baecher Son Inc
(Address) 301 E. Eager St.

APR 1 1938 19 Huntington-Williams, Reg'r.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 . 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24 . 1938 to March 30 . 1938

I last saw him alive on March 30 . 1938. Death is said to have occurred on the date stated above, at 2:15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced.	Jan. 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

15369 E 15369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 146-149a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Usual Residence

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Gleaves

(a) Residence: No. Severna Park St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Gleaves, Sept

6. DATE OF BIRTH (month, day, year) 6-3-11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME John Singleton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Bray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harvey Gleaves Sept

(Address) Severna Park, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 4/1 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 1363 Preastman St

20. FILED Apr 2 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to March 29, 1938

I last saw h. alive on March 27, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar. 22

Other contributory causes of importance

Pre-eclampsia

Was an operation performed? Yes Date of Mar. 22, 1938

For what disease or injury? Pre-eclampsia

Name of operation Cesarean Section

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

APR 31 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45370 — 51-B — F 45370

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1649 E. North Ave St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Joseph Farren

(a) Residence: No. 1649 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E. Hanlon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME James Farren

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James F. Farren
(Address) 1649 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 2, 38

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

APR 1 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 38

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to March 29, 1938

I last saw [illegible] alive on March 28, 1938. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Bladder	6 mo
Other contributory causes of importance: Lobar Pneumonia	6 days

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify no

(Signed) Alex A. Boggs M. D.

(Address) 709 N Broadway

Dr Geary 709 N Broadway

5371 F 45371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

CGK--31546 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Powell, Sr.

(a) Residence: No. 1129 Down St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) April 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Quilla Powell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Gilbert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary Date 3/31 38

19. UNDERTAKER Nelson & Parham
(Address) [illegible]

20. FILED [illegible]
3/31/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 27, 1938

I last saw him alive on March 27 1938. Death is said to have occurred on the date stated above, at 9.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease Unknown	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

15372 F 15372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 186-Was

CITY OF BALTIMORE: (No. Bay View St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ted. Engelbrecht

(a) Residence: No. 6 N. Milton Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Engelbrecht

6. DATE OF BIRTH (month, day, year) Aug. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Engelbrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lottie Blood

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Engelbrecht (Address) 6 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place N. Cem. Co. Date Jan. 31 - 38

19. UNDERTAKER John A. Miller (Address) 2334 Jefferson St.

20. FILED JAN 31 1938 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan
results of fractures	
Other contributory causes of importance: fracture - rt's left side and fracture of Skull.	Feb 6 '38

Was an operation performed? Yes Date of

For what disease or injury? fracture of Skull

Name of operation Date did not

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 26, 19 38

Where did injury occur? Bath & Rock Cast & Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bath

Manner of injury Fell not definite

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. E. Ward M. D.
Coroner

(Address) 1712 E. Baltimore St.

Shiflett

E 45373

5373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elverie Shiflett

(a) Residence: No. 6 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 6, 1937

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wilbert Shifflett

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Bessie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mother (Address) 6 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL Place Maryland PK. Date 3/31 1938

19. UNDERTAKER Richard F. Cuttey (Address) 700 E. North ave

Registrar.

3/31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1938 to 3-30-1938

I last saw h alive on 3-30-1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	3-20-38

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp.

15374

HEALTH DEPARTMENT—CITY OF BALTIMORE

15374

CERTIFICATE OF DEATH

Registered No. 27-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Hospital 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Rosa M. Fritz

(a) Residence: No. 6801 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Fritz

6. DATE OF BIRTH (month, day, year) Feb 7 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. S. A. Fritz (Address) 6801 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date

19. UNDERTAKER Fred. Lapsley & Sons (Address) Belair Rd.

20. FILED Registrar.

MAR 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 1935 to March 30, 1938.

I last saw her alive on March 28, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days.

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustava Fritz M. D.

(Address) 6801 Belair Rd.

F 45375

45375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Harcourt Road St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Ashton Pittenger

(a) Residence: No. 4204 Harcourt Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pittenger

6. DATE OF BIRTH (month, day, year) Feb. 26th. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

FATHER

13. NAME Garrett Pittenger

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Helen Schule

16. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

17. INFORMANT Mrs. Reif
(Address) 4204 Harcourt Road

18. BURIAL, CREMATION, OR REMOVAL
Place Easton. Pa. Date April 1, 38

19. UNDERTAKER Frederick Sassaman & Sons
(Address) 7401 Belair Road

20. FILED ..... 19.....
Registrar.

31 1938 [illegible] Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30th. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to March 30. 1938

I last saw him alive on March 28 1938 Death is said to have occurred on the date stated above, at 3.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
Arterio-Sclerosis	

Other contributory causes of importance:

Cystitis
Bronchitis

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter A Anderson M. D.

(Address) 2001 Shannon Drive

15376 HEALTH DEPARTMENT—CITY OF BALTIMORE 15376

CERTIFICATE OF DEATH

Registered No. 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St. 9-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 8 W. Overlea St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Wagner

7. DATE OF BIRTH (month, day, year) Sep. 17, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Philipp Wagner

(Address) 8 W. Overlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemt. Date April 1, 1938

19. UNDERTAKER George W. Zumbrun

(Address) 1737 E. Eager St.

20. FILED ... 19... ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 27, 1938.

I last saw h alive on March 27, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	?
Metastasis to Liver	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Yes Date of 3/27/38

For what disease or injury? Carcinoma Pancreas

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph's Hospital

M. D. F. 1208-9

15377 E 15377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Brown St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Johnson

(a) Residence: No. 1109 Brown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1912

7. AGE — Years: 25 — Months: 11 — Days: 5 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Carr

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gertrude Johnson
(Address) 1109 Brown Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/2 1938

19. UNDERTAKER Isaiah L Brownson
(Address) 1080 Montgomery St

20. FILED MAR 31 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28 1938 to March 30 1938

I last saw h alive on March 28 1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Toxemia of	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

M. D. P. 1268-9

F 45378

5378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Wthill St 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Boardley

(a) Residence: No. 213 Wthill St., Ward. 22

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Boardley

6. DATE OF BIRTH (month, day, year) April 6 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	57	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Md

MOTHER FATHER

13. NAME Owen Watkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Susan Pierce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT—Susie Burton

(Address) 918 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/31/28 19

19. UNDERTAKER Isaac L. Brown & Son

(Address) 105 W Montgomery St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28 28

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 19 28 to Mar 28 19 28

I last saw her alive on Mar 28 19 Death is said to have occurred on the date stated above, at 8.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4 days
Other contributory causes of importance: Arterial Hypertension ?	?

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D H Campbell M. D.

(Address) 109 W Hill St

938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15379 — CERTIFICATE OF DEATH — 160-B — F 15379

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-12 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Davis

(a) Residence: No. 2556 Druid Park Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-30-38

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
			11½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morris Davis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lillian Abrams

16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/31/38

19. UNDERTAKER Geo. L. Long

(Address) 1939 E. Baltimore St.

20. DATE RECEIVED MAR 31 1938 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-30-38, 19 to 3-31, 1938

I last saw h[illegible] alive on 3-31, 1938 Death is said to have occurred on the date stated above, at 12:15a m.

The principal cause of death and related causes of importance were as follows:

Intracerebral Hemorrhage (?) — Date of onset

Other contributory causes of importance:

Atelectasis
Prolonged Labor

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Sinas M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

15380 F 45380

CERTIFICATE OF DEATH

34-82-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 1/2 Pennsylvania ave St. 74 ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Wharton

(a) Residence: No. 15 1/2 Pennsylvania ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wharton Wife

6. DATE OF BIRTH (month, day, year) Feb 4 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Va.

FATHER

13. NAME Jesse Wharton

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Mary Wharton Parker

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Mrs. Frank Wharton

(Address) 15 1/2 Pennsylvania ave

18. BURIAL, CREMATION, OR REMOVAL Darby Penn Date Apr. 2 1938

19. UNDERTAKER Adolphus Halstead

(Address) 918 E Franklin St. Huntington West Virginia

Registrar

R 31 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 8:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Paralysis	3 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kaye Lyon M. D. Coroner

(Address) 320 Hanover

M. D. B. 1268-9

15381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-B F 15381

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Brune St., 17-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Martin

(a) Residence: No. 712 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1826

6. DATE OF BIRTH (month, day, year) Jan 1, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	12	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Swallwood (Address) 712 Brune st

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem Date Apl. 2. 1938

19. UNDERTAKER Gaithers Habkins (Address) 709 Lombard St

MAR 31 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937, to Mar 29, 1938

I last saw him alive on Mar 28, 1938 Death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo.
Other contributory causes of importance: Arteriosclerosis	indef.

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. J. Keller, M. D.

(Address) 722 W. Monument St

F 45382

F 45382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 95-B [redacted]

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21 E. Eager St. St., 11-2 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE B. DONALDSON

(a) Residence: No. 21 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillia Fowler

6. DATE OF BIRTH (month, day, year) May 30.1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 1045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas W. Donaldson

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Ellen H. Thompson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillia F. Donaldson
(Address) 21 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 1, 1938

19. UNDERTAKER John Burkhardt & Sons
(Address) 1900 Eutaw Place

20. FILED MAR 31 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1937 to 3-30 1938

I last saw him alive on 3-16 1938 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1936 ?
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1129 St. Paul St.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15383

CERTIFICATE OF DEATH.

15 F 15383

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 407 Gittings Ave ST. 27-12 WARD)

2. FULL NAME Dr Nathan Ryno Smith — No War Service

(a) RESIDENCE NO 407 Gittings Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Colegate H. Smith

6 DATE OF BIRTH (month, day, and year) Aug-6-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dr Allan P Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Emily Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Mrs. Colegate H. Smith (wife) 407 Gittings Ave

15 [illegible] 19 31 19[illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1938

17 I HEREBY CERTIFY, That I attended deceased from September 13th 1937, to March 30th 1938

that I last saw h im alive on March 29th 1938

and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Erysipelas.

over

(duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs.

(Signed) H. S. Chalfant M. D.

March 30 1938 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 19

20 UNDERTAKER: Stuart & Mowen Co. ADDRESS: 108 W Franklin

15384 F 15384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Roland Park Apts St. 27 Ward 4 Cor Upland Rd.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Louetta P. Crowder
(a) Residence: No. Upland Rd. Roland Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow.
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. Frank Warfield Crowder
6. DATE OF BIRTH (month, day, year): Dec 13, 1868
7. AGE: Years 69 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER
13. NAME: Maximilian Platt
14. BIRTHPLACE (city or town) (State or country): Bodenkopf Ger.

MOTHER
15. MAIDEN NAME: Sophie Rudolf
16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT (Address): Mrs. E. A. Bishop 312 Oakdale Rd
18. BURIAL, CREMATION, or REMOVAL Place: London Park Cem. Date: May 1 38
19. UNDERTAKER (Address): Wm. H. Tucker Sons North & Reaves.
20. FILED 19 Registrar: Huntington Williams, M.D.

R 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30. 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 29 38 to Mar 30 1938
last saw h[illegible] alive on Mar 29 38 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Lloyd M.D.
(Address) 7332 Roland Ave

5385 ✓ 5385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Easton

If U. S. Veteran specify WAR

(a) Residence: No. 1354 West 41st Street, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) March 27th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Howard County Md

FATHER

13. NAME William T. Easton

14. BIRTHPLACE (city or town) (State or country) — Montgomery Co. Md

MOTHER

15. MAIDEN NAME Sarah E. Frisby

16. BIRTHPLACE (city or town) (State or country) — Maryland

17. INFORMANT Miss Easton

(Address) 1354 W. 41st St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery April 1st 1938

19. UNDERTAKER A. E. Marshall

(Address) 2839 Fait Road

20. FILED ... 19... Registrar

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-7-38 . 19 . to 3-29-38 . 19

I last saw him alive on 3-29-38 . 19 . Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas (Left of center)	2-1-38
Lung abscess (aspiration)	over

Other contributory causes of importance:

Pneumonia, Left upper lobe, Aspiration	

Was an operation performed? Yes Date of 3-25-38 3-25-38

For what disease or injury? Carcinoma of pancreas with Secondary involvement of Duodenum

Name of operation 2 Lengths Rubber Drainage Tubing

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Levine . M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

84 3128 15386 × 108 F 15386

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel Fry

(a) Residence: No. Scottsville St. Va Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl

6. DATE OF BIRTH (month, day, year): 6/30/09

7. AGE: Years: 28 | Months: 9 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Jesse Stallings
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ilsa Fry
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Friends JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville, Va. Date Apr 2 1938

19. UNDERTAKER (Address): John G. Mitchell & Sons. 14 W. Lexington St. Balto.

MAR 31 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1938 to March 30 1938

I last saw her alive on March 30 1938 Death is said to have occurred on the date stated above, at 5-45-PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage due to abscess (right)	19 Feb. 17 1938 about

Other contributory causes of importance: Leucocytosis

Was an operation performed? Yes Date of 3/30/38

For what disease or injury? Lung abscess (right) lung

Name of operation Right Thoracotomy and drainage of abscess

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Donald H. Hooker M. D.

(Address) Johns Hopkins Hospital

15387 ✓ F 15387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 W. Lexington St. 19 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street (and number.))

Length of residence in city or town where death occurred 25 yrs. mos. 1 ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Stephen Michel

(a) Residence: No. Windsor Terrace Woodlawn Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Michel

6. DATE OF BIRTH (month, day, year) Sept 12. 73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colored

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Stephen Michel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Jeni Chefchuck

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Catherine Michel

(Address) Windsor Terrace Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Apr. 1, 1938

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.

19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 29.
Other contributory causes of importance	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Hanna M. D.

(Address) 820 W. Lexington St. Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5388 F 15388

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH West Baltimore Gen'l Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-14 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stuart Anderson — If U. S. Veteran specify WAR .....

(a) Residence: No. 1126 Roland Heights Ave — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella M Anderson

6. DATE OF BIRTH (month, day, year) June 21 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drill Machine Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Independent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Steve Anderson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Edeie V. Bosley

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Estella M. Anderson (Address) 1126 Roland Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Roland Park Date April 2. 38

19. UNDERTAKER Oppenheimer & Co (Address) 1300 E Baltimore St

20. FILED MAR 31 1938 Huntington Williams, Registrar. Bosley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938, to March 31, 1938

I last saw h[illegible] alive on 3/31, 1938. Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abscess	1-25-38
Otitis Media - L.	2-1-38
Frontal Lobe.	
Brain Abscess	3-15-38
Cerebellum	3-26-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Incision & Drainage.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) [illegible]

F 15389

HEALTH DEPARTMENT—CITY OF BALTIMORE

15389 X 89-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp 9-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Joseph Baden
(a) Residence: No. Aberdeen, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov. 16/1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Stone Quarry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME John Baden
14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) (State or country) Czechoslavakia

17. INFORMANT Mrs. Jos. Eder
(Address) 632 S. Savage St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 1 1938

19. UNDERTAKER Joseph A. Herrmann Son
(Address) 1156 N. Luzerne

20. FILED 1 1938 Registrar. Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1938 to 3-29-1938
I last saw h.. in alive on 3-29-1938 Death is said to have occurred on the date stated above, at 6P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	
Sterile otitic meningitis	
Perforating	
Brain abscess	

Other contributory causes of importance:

Was an operation performed? NO Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Irving Pelstein M. D.
(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15390 ✓ E 15390 × 23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH University Hospital - Balto, Md (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs K Lucille Mc Nevin If U. S. Veteran specify WAR .....

(a) Residence: No. 6712 Wisconsin Ave. Chevy Chase, Md. St. ..... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Myles McNevin

6. DATE OF BIRTH (month, day, year) Nov-16-1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC.

FATHER

13. NAME Gustavus Myles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Kathryn Lamburger

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Hospital Record.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date 4/2/38

19. UNDERTAKER (Address) Roby O. Phillips Wash. DC.

20. FILED ..... 19 ..... Registrar. Huntington Williams

1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to March 31, 1938

I last saw her alive on March 31, 1938 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Was an operation performed? Extra Pleural Thoracoplasty Date of 3/30/38

For what disease or injury? Pulmonary Tuberculosis

Name of operation Extra Pleural Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Joseph E. Bunn M. D.

(Address) University Hospital

45391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 45391

1. PLACE OF DEATH University Hospital 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ...

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Holloway

(a) Residence: No. 323 N. Gilmore St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Holloway

6. DATE OF BIRTH (month, day, year) Nov 12, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carthage N. C.

MOTHER'S FATHER

13. NAME James Hooker

14. BIRTHPLACE (city or town) (State or country) Moe Co N. C.

15. MAIDEN NAME Bertie McKennan

16. BIRTHPLACE (city or town) (State or country) Moe Co N. C.

17. INFORMANT Vernon Holloway

(Address) 323 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Apex, N. C Date April 1 38

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St

20. FILED ..... Registrar

1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938 to March 28, 1938

I last saw her alive on March 27, 1938 Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gideon J. Wells M. D.

(Address) Lenox Baby Hospital

15392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15392

CERTIFICATE OF DEATH

Registered No. 34-139-B

1. PLACE OF DEATH University St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene V Murray If U. S. Veteran specify WAR .....

(a) Residence: No. 1027 Edmondson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Murray

6. DATE OF BIRTH (month, day, year) Feb 22, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmon Md

MOTHER FATHER

13. NAME Abraham Cook

14. BIRTHPLACE (city or town) (State or country) Harmon Md

15. MAIDEN NAME Sedonia Gambrill

16. BIRTHPLACE (city or town) (State or country) Harmon Md

17. INFORMANT (Address) John L Murray 1027 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Harmon Md Date April 1, 38

19. UNDERTAKER (Address) Mrs Katie R Williams 322 S. Schroeder St

20. FILED Mrs Katie R Williams U.D. Undr.

APR 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 29, 1938

I last saw her alive on March 29, 1938 Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis abscess, kidney — Date of onset 2 ...
Arteriosclerotic cardiovascular disease — ...
Uremia, Syphilis — ...
Secondary anemia — ...
Other contributory causes of importance: Cerebral thrombosis — 1 yr 11 mo
Uremia — 26 d

Was an operation performed? yes Date of Mar 22 38

For what disease or injury? Tuberculous abscess kidney, left

Name of operation Supravaginal hysterectomy, bilateral salpingectomy

What test confirmed diagnosis? Mic. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ....If so, specify .....

(Signed) Richard J Cuyler Jr. M. D.

(Address) University Hospital

15393 E 15393

15393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1121 N. Central Ave

CITY OF BALTIMORE: (No. 1121 N. Central Ave) (10-1 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Rooney

(a) Residence: No. 1121 N. Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Loretta E. Rooney

6. DATE OF BIRTH (month, day, year): April 5-1899

7. AGE: Years 38 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sinai Hospital

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: James A Rooney

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Keaney

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Loretta E. Rooney

(Address) 1121 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem Date: 4/2/38

19. UNDERTAKER: Chas. F. Kraus Hsdue

(Address) 118 W. Mt Royal Ave

20. FILED: 1938 At Eight Williams, N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1938 to 3/30 1938

I last saw h.. alive on 3/29 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis. — Date of onset 3/28/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum, M. D.

(Address) 1206 E. Preston St.

15394 V E 15394

HEALTH DEPARTMENT—CITY OF BALTIMORE

15394 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) 15-9 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME RALPH H KATHERMAN

(a) Residence: No. 2700 Chelsea Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carmine Neddo Katherman

6. DATE OF BIRTH (month, day, year) Mar 5 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DISTRICT SALES MANAGER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SWIFT & CO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Arbor L. Katherman

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Alma May Houtz

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Carmine Neddo Katherman
(Address) 2700 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date April 1 1938

19. UNDERTAKER Chas H. Grues & Son Inc
(Address) 1800 East Royal Ave

20. [illegible] Huntington Williams, M.D.
31 1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31 1938

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 15 1938 to MARCH 31 1938

last saw h. 1m alive on MARCH 31 1938. Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
PULMONARY TUBERCULOSIS	
EXCAVATION, RIGHT	1937
Other contributory causes of importance:	

Was an operation performed? YES Date of MARCH 28 1938

For what disease or injury? TUBERCULOSIS PULMONARY

Name of operation THORACO PLASTY - RIGHT

What test confirmed diagnosis? CLI. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irving F Freeman, M. D.

(Address) University Hospital.

15395 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15395

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Md General Hospital
CITY OF BALTIMORE: (No. ..... St. 27-20 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George E. Waters
If U. S. Veteran specify WAR

(a) Residence: No. 7464 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara A. Waters

6. DATE OF BIRTH (month, day, year) April 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Frostburg (State or country) Md

FATHER
13. NAME Andrew Waters
14. BIRTHPLACE (city or town) Md (State or country)

MOTHER
15. MAIDEN NAME Rebecca Wheeler
16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Jack Waters
(Address) 7464 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Date 4-4-38

19. UNDERTAKER Chas. Sloan Graves & Son Inc
(Address) 1134 W. Fayette St

20. FILED ..... 19 ..... Registrar Huntington Williams M.D.

31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1938 to 3-31, 1938
I last saw h. alive on 3-31, 1938. Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Wagner M. D.
(Address) Md. General Hospital

15396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 15396

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 642 Bartlett St., 9-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Litz

(a) Residence No. 642 Bartlett St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Margaret B

6. DATE OF BIRTH (month, day, year): April 22 1854

7. AGE: Years 83 | Months 11 | Days 8 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month, day, year): 1928

11. Total time (years) spent in this occupation: 5, 2 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John H. Litz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Geo. H. Litz Claymont Delaware

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date April 2 38

19. UNDERTAKER: William Cook (Address) 1213 St Paul Street

20. FILED: 31 1938 Washington Pilkington Registrar

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4 1938 to March 30 1938

I last saw him alive on March 30 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Mar 12 38
Other contributory causes of importance: Broncho Pneumonia	Mar 7 38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Personal observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...If so, specify

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

45397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45397

CERTIFICATE OF DEATH

93-D

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Edmondson Ave ST. 20-T WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Phillip Thomas

(a) RESIDENCE NO. 3319 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Naomi Shipley Thomas

6 DATE OF BIRTH (month, day, and year) June 24, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Woodlawn Balto Co.

PARENTS

10 NAME OF FATHER Phillip Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto County

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs W^m E. Decker

(Address) 3319 Edmondson

15 Date received MAR 31 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1938

17 I HEREBY CERTIFY, That I attended deceased from 1930, 19 . to March 29, 19 38.

that I last saw h Was alive on March 27, 19 38

and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Senility

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Walter Sparrow M.D. M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Electric City

DATE OF BURIAL 4/1 1938

20 UNDERTAKER Maud L. Tucker

ADDRESS 612 N. Mount St

15398 F 15398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home — Registered No. 94-B

CITY OF BALTIMORE: (No. 400 E. Boulden St. 26-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Paul Winterling — If U. S. Veteran specify WAR

(a) Residence: No. 400 E. Boulden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1 year ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Paul E. Winterling

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Emma Sundermann

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs. Emma Winterling mother
(Address) 400 E. Boulden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Cem. Date 4-2- 1938

19. UNDERTAKER John C. Miller Jr.
(Address) 2435 E. Oliver St.

31 1938 Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal hemorrhage	1 day

Other contributory causes of importance:
Accident

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 31, 19

Where did injury occur? Patterson Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck with automobile

Nature of injury Abdominal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 E. Baltimore St.

53399 ✓ F 15399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Duncan St. 6-3 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 38 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Borovy

(a) Residence: No. 223 N. Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alvina Borovy

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A4 .20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Mathew Borovy

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Emma Lozecka

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT (Address): Alvina Borovy 223 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL: Place Cat Hill Date April 2 1938

19. UNDERTAKER (Address): Frank Grach Sons 1906 Edmondson Ave

20. FILED 19 ..... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 2nd 37, 19..., to March 30th 38

I last saw him alive on March 30 38. Death is said to have occurred on the date stated above, at 12.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intestinal obstruction	?
probably cancer	
Other contributory causes of importance: cachexia	Sep 37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Guido Fiore M. D.

(Address) 2214 E. Fayette St

M. D. B. 1268-9

15400

HEALTH DEPARTMENT—CITY OF BALTIMORE

15400
2 copies

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Luzerne Ave St., 6-E Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME Catherine Buchta

(a) Residence: No. 432 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Joseph Buchta

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME James Tichy

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT James Buchta

(Address) 432 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 1, 1938

19. UNDERTAKER Frank Lovach & Son

(Address) 1926 Eastern Ave

Registered. Huntingdon Williams, N.J.

APR 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

15401 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 15401

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Packard
If U. S. Veteran specify WAR

(a) Residence: No. 504 Baltimore Ave St., Towson Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie Brooks

6. DATE OF BIRTH (month, day, year) Nov. 19, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Sales & Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8095
10. Date deceased last worked at this occupation (month and year) Mar. 1, 1938
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Packard Harford Co. Md

FATHER
13. NAME Walter C. Packard
14. BIRTHPLACE (city or town) (State or country) Packard Harford Co. Md

MOTHER
15. MAIDEN NAME Lillian Chenoweth
16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mrs. Henry Packard (Address) Towson, Md

18. BURIAL, CREMATION, OR REMOVAL Place Clark Rd, Balto Co. Date Apr. x 1938

19. UNDERTAKER Wm. C. Brooks & Son (Address) Sparks, Md.

20. FILED 1 1938 Huntington Williams, M.D. Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11-38. 19 . to 3-31-38. 19

I last saw him alive on 3-31-38. 19 . Death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Coccus	3-11-38
Staphylococcus septicemia	3-11-38
Bronchopneumonia, bilateral	3-16-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-13-38
For what disease or injury? Empyema right chest
Name of operation Incision and drainage
What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas H. Stone M. D.
(Address) Union Memorial Hosp.

15102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15102

CERTIFICATE OF DEATH 182-a

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 6th

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR Rev Revd

2. FULL NAME Mrs. Williamette Duvall

(a) Residence: No. 1922 Mosher Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

3a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of William Duvall

6. DATE OF BIRTH (month, day, year) May 29th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife Oct 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Samuel Owings

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mrs Vic. H. Gaither

(Address) 3254 Brightwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date April 2 1938

19. UNDERTAKER Wm Cook

(Address) 121 E Saint Paul St

Registrar. Clinton Williams, Reg

20. FILED APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to March 31 1938

I last saw her alive on March 31 1938 Death is said to have occurred on the date stated above, at 8:5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/2/38
Other contributory causes of importance: Bronchial Pneumonia	3/24/38

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) C. F. Johnston Jr M. D.

(Address) Md. General Hospital

15403 Goumaris F 15403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Goumaris

(a) Residence: No. 1232 N Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cleopatra Goumaris

6. DATE OF BIRTH (month, day, year) May 10 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	51	10	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2/28/38

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Thomas A. Goumaris

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Catherine Drogodilos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 4th 1938

19. UNDERTAKER Francis Reese
(Address) Westminster Md

FILED APR 1 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3 10, 1938, to 3 31, 1938

I last saw him alive on 3-31 1938. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma lung — Date of onset July 1937

Other contributory causes of importance

Was an operation performed? Yes Date of .....

For what disease or injury?

Name of operation Exploratory thoracotomy + Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lawrence Jacobson, M. D.

(Address) Johns Hopkins Hosp.

15401 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17,101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. East Ave. St. 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR no

2. FULL NAME Thomas L. Ulsch

(a) Residence: No. 211 S. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ulsch

6. DATE OF BIRTH (month, day, year) Dec. 10, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Md. R. R.

10. Date deceased last worked at this occupation (month and year) 12-24-37.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Ulsch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Ulsch
(Address) 211 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date April 4 38

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 28, 1938.

I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Henry B Mokover, M. D.

(Address) 2238 Eutaw Place.

E 15405

15405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

Registered No. 1-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME PATRICIA RUNK

(a) Residence: No. 228 S. Callington Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	wht	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME George E Runk
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Anna Circo
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George E Runk
(Address) 228 S Callington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 2 1938

19. UNDERTAKER Howard D. Cunnington
(Address) 21 W. 25 St

20. FILED ... 19 ... Registrar.
4-1-1938 Hunter for Wilmot, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/23 1938 to 3/30 1938
I last saw her alive on 3/31 1938. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:
Pneumonia (Acute) Date of onset 3/21/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
(Address) W. St

15406 HEALTH DEPARTMENT—CITY OF BALTIMORE 15406

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Bell Harris

(a) Residence: No. 1739 E. Preston St., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 11, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mamie Slock

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Mar Cathedral Cem. April 4 1938

19. UNDERTAKER Elmer W. Conklin & Son
(Address) 924 E. Eager St.

20. FILED APR 1 - 1938 Registrar for Williamsburg, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938 to March 31, 1938

I last saw him alive on March 31, 1938 Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	Indef.
Hemorrhage, cerebral	3-1-38
Arteriosclerosis, general	Indef.
Pneumonia, hypostatic	3-1-38

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical findings What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) I M N A clerk M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RLL/6

VS 8

Dr. Hornstein 733 Aisquith St

HEALTH DEPARTMENT—CITY OF BALTIMORE

15107 CERTIFICATE OF DEATH 131 F 15107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Webb St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Dixon

(a) Residence: No. 1435 Webb St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Dixon

6. DATE OF BIRTH (month, day, year) Sept 2/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Freeman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A. Tated

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Dixon

(Address) 1435 Webb St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/2 19 38

19. UNDERTAKER Kayser Sanders

(Address) 1413 E. Preston St

20. FILED APR 1 - 1938 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1938 to 3/28 1938

I last saw h[illegible] alive on 3/28 1938 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Acute Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Physical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Hornstein M. D.

(Address) 733 Aisquith St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15108 — 95-B F 15108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 E. Lorraine Ave. Ward) 3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliz. P. Kimble

(a) Residence: No. 435 E. Lorraine Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wilson D. Kimble

6. DATE OF BIRTH (month, day, year) Sept? ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West minister, Maryland.

FATHER

13. NAME Michael Webster

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Erb.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT St. Helen Kimble
(Address) 435 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 4/1 38

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights Ave Huntington Williamsport, Md.

20. Filed APRIL - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937 to March 31. 1938

I last saw h.. alive on March 31. 1938. Death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	Oct 1931
Coronary Thrombosis	3/24/38

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos W. Edmunds M. D.

(Address) 1746 Alameda Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45409 F 45409

CERTIFICATE OF DEATH

209M

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mt Sin. Hospital St. 13-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jack Mustadt

(a) Residence: No. 1207 N. Martin ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) [illegible] 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Mustadt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Fotterman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ethel Mustadt
(Address) 1207 N. Martin ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rest Date April 1, 1938

19. UNDERTAKER Sol Levine Bro
(Address) 424-36 W Mulberry

20. FILED April 1 1938 Harrington Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 3/31

The principal cause of death and related causes of importance were as follows:

Fracture skull
Internal injuries

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 31, 1938

Where did injury occur? (Specify farm, factory, street, office or industry, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mayer Cooper, M. D.
Coroner

(Address) 210 N. Calvert St

INFORMATION IS VERY IMPORTANT. See instructions on BACK of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31762 95-B Registered No. 15110

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Mahon — If U. S. Veteran specify WAR

(a) Residence: No. 1214 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-16-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Hara
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Wash. Co. Date April 2nd 38

19. UNDERTAKER Leo G. Cook
(Address) 1703 N. Patterson Park Ave.
Huntington Williams, Mgr.

APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to March 30, 1938
I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 11 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease & bronchitis	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle M. D.
(Address) Baltimore City Hospitals

15111 HEALTH DEPARTMENT—CITY OF BALTIMORE 15111

CERTIFICATE OF DEATH

X 46-B

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton ave. St. 25-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam A. Schneider
If U. S. Veteran specify WAR

(a) Residence: No. Woodstock College St. ... Ward.
(Usual place of abode) Woodstock, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine L. Schneider

6. DATE OF BIRTH (month, day, year) Dec 8, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month) and (year) 2/15/1938

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Seeberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT C. Raymond L. Schneider
(Address) 2023 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Apr 4 38

19. UNDERTAKER John Ulsh & Sons
(Address) 900 E. Lanvale

20. FILED APR 1 1938 Registrar
Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938 to March 31, 1938
I last saw him alive on March 31, 1938. Death is said to have occurred on the date stated above, at 3.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?
Generalized Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...
(Signed) Lawrence J. Shinnick M. D.
(Address) St. Agnes Hospital

F 45412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45412

CERTIFICATE OF DEATH

× 106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russel Gowen Von Behren

If U. S. Veteran specify WAR

(a) Residence: No. 3204 McShane way St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 8 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundalk, md

FATHER

13. NAME J. Norvell Von Behren

14. BIRTHPLACE (city or town) (State or country) St Louis, Mo

MOTHER

15. MAIDEN NAME Mineta Holtze

16. BIRTHPLACE (city or town) (State or country) St Louis, Mo.

17. INFORMANT J. Norvell Von Behren (Address) 3204 McShane Way

18. BURIAL, CREMATION, OR REMOVAL St Louis Mo Date Apr 1. 1938

19. UNDERTAKER John Ellrich (Address) 240 E Orleans

FILED APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Septicaemia	24 hrs.
Other contributory causes of importance: Acute Laryngo-Tracheo-Bronchitis	24 hrs

Was an operation performed? Yes Date of 3/30/38

For what disease? Tracheotomy for Laryngeal Obstruction

Name of operation Date of 3/30/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Hanna Coroner M. D.

(Address) 2340 Eastern Ave

V S 6

F 15413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15413

CERTIFICATE OF DEATH 54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gerla Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1020 N. Sharp pl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lindsey Johnson

6. DATE OF BIRTH (month, day, year) Mar 8 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	/	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Sallie Hunt

14. BIRTHPLACE (city or town) (State or country) Chester S. Carolina

MOTHER

15. MAIDEN NAME Martha Childers

16. BIRTHPLACE (city or town) (State or country) Chester S. Carolina

17. INFORMANT Linda Johnson

(Address) 1020 N. Sharp pl

18. BURIAL, CREMATION, OR REMOVAL

Place Chester S. Carolina Date Apr 2 1938

19. UNDERTAKER Mrs R. & E. Elliott Daughter

(Address) 1129 N. Carolina St.

APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1938 to 3-31 1938

I last saw her alive on 3/31 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	3/22/38
Other contributory causes of importance:	

Was an operation performed? yes Date of 3/28/38

For what disease or injury? Ectopic uterus

Name of operation Supra vaginal hysterectomy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. L. Dryden M. D.

(Address) President Hosp.

V8 8

WPA

15114 ✓ E 15114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

.81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5005 Woodside Road Sur Hills St., 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L Broderick

If U. S. Veteran specify WAR .....

(a) Residence: No. 5005 Woodside Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisabeth Bonelle

6. DATE OF BIRTH (month, day, year) Nov 4, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O 007

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John L Broderick

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sara Jane Burgan

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Broderick

(Address) 5005 Woodside Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr 2 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED APR 1 - 1938 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 to March 31, 1938

I last saw h[illegible] alive on March 31, 1938. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Spinal Muscular Atrophy	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L Pessano M. D.

(Address) 514 Searay Lane

15115 HEALTH DEPARTMENT—CITY OF BALTIMORE 15115

CERTIFICATE OF DEATH 82a 31865--hw

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-3 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosie Taylor

(a) Residence: No. 3238 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 4/28/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Webster Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Molly Gaines

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/3 38

19. UNDERTAKER William A Jackson
(Address) 916 Penna ave

20. FILED 4/ for Williams, M.D.

R 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to March 31, 1938

I last saw her alive on March 31, 1938 Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-21-38
Other contributory causes of importance: Bronchopneumonia	3-24-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

15416

HEALTH DEPARTMENT—CITY OF BALTIMORE

15416

CERTIFICATE OF DEATH

31605 JS

Registered No. 1-1 107-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Vi-ginia Bond

(a) Residence: No. 3112) O'Donnell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1937

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Bond

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Be-tha Keith

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date April 2-38

19. UNDERTAKER John. A Mc Nary
(Address) 3000 E. Kelbert.

20. FILED ... Deputy Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1938 to 3-30 1938

I last saw h.r alive on 3/30/ 1938. Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset ...

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Irvin M Fradkin M. D.
(Address) Baltimore City Hosp

15417 HEALTH DEPARTMENT—CITY OF BALTIMORE 15417

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N. Streeper St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert h. McClintock

If U. S. Veteran specify WAR .....

(a) Residence: No. 148 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie McClintock

6. DATE OF BIRTH (month, day, year) Aug. 1 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert McClintock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ann Neil

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie McClintock
(Address) 148 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 2 1938

19. UNDERTAKER John A. Inman
(Address) 2000 E. Baltimore St

20. FILED 4-1 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1938, to 3-30, 1938, that saw h~~a~~ alive on 3-30, 1938. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance: Terminal hypostatic pneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

John J. Gould M. D.
(Signed)

(Address) 14 N East ave.

15418 E 15418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 E Oliver St., 1-3 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Marie Sterba

(a) Residence: No. 2539 E. Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Daughter of Gustave & Josephine Sterba

6. DATE OF BIRTH (month, day, year) Nov. 2 '22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Ignatius School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gustav Sterba

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Josephine Lanne

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Gustave Sterba (Father)
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/4/38

19. UNDERTAKER Charles E. Spinnenweber
(Address) 2603 E. Madison St.

20. FILED Huntington Williams, M.D. Registrar.

1-1938 8 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1938, to Mar 31, 1938

I last saw h.. alive on Mar. 31, 1938. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	6 yrs
Chorea & Carditis	1932
Acute Dilatation of Heart	3/29/38
Other contributory causes of importance	
Enlargement of Liver & extension of Leuky	3/27/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical findings

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent W. Sooka M. D.

(Address) 845 N. Jefferson St.

15119

HEALTH DEPARTMENT—CITY OF BALTIMORE

15119

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Madison Ave St. 11-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maggie Hawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 Madison Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hawkins

6. DATE OF BIRTH (month, day, year) July 2 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Blake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frazier

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) James B. Hawkins 919 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date April 2 1938

19. UNDERTAKER Wm. George N. Holland (Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1938 to Mar 30 1938

I last saw her alive on Mar 30 1938. Death is said to have occurred on the date stated above, at 7.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hypoplexy	3/28
Other contributory causes of importance: Arterial hypertension	3 yrs and supp

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D J Hansel M. D.

(Address) 919 W Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

APR 1 - 1938

F 15120

15120 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93.C

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Arlington Ave St. 27-10 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Frances Sparrow

If U. S. Veteran specify WAR

(a) Residence: No. 1001 Arlington Ave St. Govans, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas C. Sparrow

6. DATE OF BIRTH (month, day, year) Feb 4, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamestown Somerset Co. Md.

FATHER

13. NAME Levin Waters

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Anna Turpin

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Mrs. Elliott
(Address) 1001 Arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 2 1938

19. UNDERTAKER Mrs George C. Holland
(Address) 1611 Druid Hill Ave

20. FILED APR 1 - 1938 Interment in Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 30, 1938

I last saw her alive on March 30, 1938 Death is said to have occurred on the date stated above, at 12.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	March 11 38
Hemorrhage	March 11 38
Hypostatic - acute	March 24 38
Other contributory causes of importance: Pulmonary Edema - acute Dilatation of Heart	March 24 38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Kelly M. D.

(Address) 1720 E. Chase

F 15121

15121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31926--hw

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Hess

(a) Residence: No. 819 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) 4/2/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Gloss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 4/7 1938

19. UNDERTAKER Cambrose Inc.
(Address) 1013 W. Cross St.

FILED 1938 Registrar.

APR 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to March 31, 1938

I last saw him alive on March 31, 1938. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance: Urinary bladder stones	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

15122

HEALTH DEPARTMENT—CITY OF BALTIMORE

15122

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Lunatic Asylum St., 1626 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Zahrendt

(a) Residence: No. 134 Gratitude St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				17 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Zahrendt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Conner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs. Fred L. McVey West Balto Station Md

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 1 - 1938
Commissioner of Health
Per M. A. Moore

19. UNDERTAKER (Address) Huntington Williams, Inc.

20. FILED 1938

318 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938 to March 30, 1938

I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity 6 mos. — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. McVey M. D.

(Address) 4080 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

15123

HEALTH DEPARTMENT—CITY OF BALTIMORE

15123

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Bentley St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen E. Kelly Hart

(a) Residence: No. 1323 Bentley St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Hart

6. DATE OF BIRTH (month, day, year) 10-30-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mc Tighe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Hart (Address) 1323 Bentley St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date April 2 1938

19. UNDERTAKER Mary M. Wiedefeld & Sons (Address) 1701 E. Lafayette Ave

20. FILED Mar 31 1938 (Registrar)

4-1-1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1938, to Mar. 27, 1938.

I last saw her alive on Mar. 27, 1938. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	3 25 38
Other contributory causes of importance: Arterio-sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morley Stoop, M. D.

(Address) 72 Walnut Blvd.

E 15424

121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No. 40th & Hesmick Rd St.) 13-7 (Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs A. Belle Steigelman — If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., 700 20th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Daniel G. Steigelman

6. DATE OF BIRTH (month, day, year) Feb. 13, 65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — None 1870

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph N. Coleman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Indiana Scoggins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Home for Incurables Records 40th & Hesmick Rd Balto

18. BURIAL, CREMATION, OR REMOVAL. Date About 4 ... 38
Place Greenmount Cem.

19. UNDERTAKER (Address) J. H. Greene & Sons Baltimore

20. FILED ... Registrar. Huntington Withrow, M.D.

APR 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1938, to March 31st 1938

I last saw her alive on March 31st 1938. Death is said to have occurred on the date stated above, at 5.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Widespread Hypertrophic Arthritis	1920
Arteriosclerotic Cardio Vasc. Dis.	1930
Other contributory causes of importance: Progressive Myocardial Insufficiency	March 1938

Was an operation performed? No Date of .....

For what disease or injury? Not Applicable

Name of operation Not Applicable

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) Thomas Conrad Wood M. D.

(Address) 11 E. Chase St. Baltimore

15425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√139-B

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward) 7

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Beatrice Simms

(a) Residence: No. 3116 Windsor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of James E. Simms

6. DATE OF BIRTH (month, day, year) July 30 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER FATHER

13. NAME Lawrence Robinson

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Grandell

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Edith Robinson (Address) 3116 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL Gordon Funeral Home Date 4-4-1938

19. UNDERTAKER Norman Funeral Home (Address) Express Park Ave

20. FILED ..... 19 ..... Registrar

4-1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to March 31, 1938

I last saw her alive on March 31, 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pelvic inflammatory disease	

Other contributory causes of importance:

Sepsis

Was an operation performed? Yes Date of 2-16-38, 3-17-38

For what disease or injury? P. I. D.

Name of operation Post Colpotomy - Exploration

What test confirmed diagnosis? Obs. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Milton Levy M. D.

(Address) WBGH

OCCUPATION is very important. See instructions on back of certificate.

15126 E 15126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 164

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Forrest Hill Ave., St. 25-2 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dred Thomas Aldredge

(a) Residence: No. 1318 Forrest Hill Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie C. Aldredge

6. DATE OF BIRTH (month, day, year) Jan. 29 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Ship Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) La.

FATHER

13. NAME John Aldredge

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Minnie C. Aldredge

(Address) 1318 Forrest Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date April 4, 38

19. UNDERTAKER William Corp

(Address) 1217 St Paul

20. FILED Huntington Williams, Registrar.

Dec. 1938

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Mar 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas poisoning (Carbon Mon Oxide)	Mar 31
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Mar 31, 38

Where did injury occur? 1318 Forrest Hill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas from Auto exhaust.

Nature of injury Carbon Mon Oxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. J. Hamer M. D. (Coroner)

(Address) 1822 N. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-6

15127 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15127

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Carrollton Ave) (Ward) 16-5 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Mary Bailey

(a) Residence: No. 2541 Carrollton Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm F. Bailey

6. DATE OF BIRTH (month, day, year) Dec. 6-1867

7. AGE: Years 70 Months 3 Days 21 If LESS than 1 day, hrs. or min. 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jas. E. Linder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Timo

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Wm F. Bailey

(Address) 74 Creston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Leakin Md Date Jan. 7 1938

19. UNDERTAKER George E. Lehnert

(Address) 5101 Frederick Ave

20. 1938 Huntington Wilhams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to Jan 15 1938

I last saw her alive on March 21 1937 Death is said to have occurred on the date stated above, at 11:40 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset 2 yrs

Other contributory causes of importance:

Cardio Pulmonary Failure

Duration 2 days

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed J Zimmerman M.D.

(Address) 2825 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

15128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15128

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Denison St., 20-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Julius M. Greiss

(a) Residence: No. 517 Denison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna M. Greiss

6. DATE OF BIRTH (month, day, year) May 24th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2y

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph O. Greiss

(Address) 517 Denison St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 26th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1938 Herrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to Mar 31 1938

I last saw him alive on Mar 31 1938 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis

Date of onset

Other contributory causes of importance:

Chr. Myocarditis

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 700 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

(5129) (5129)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Southern St.) (27-3 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR (Civil) (World)

2. FULL NAME Grace May Collier

(a) Residence: No. 2906 Southern Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Benjamin F. Collier

6. DATE OF BIRTH (month, day, year) May 1st 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (60)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin F. Bristow

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Blanche Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Benjamin Collier
(Address) 2906 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 4th 1938

19. UNDERTAKER Wm Cook
(Address) 1017 E Fayette St

20. FILED Huntington Williams, Reg.
(Registrar)

APR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31st 1938

22. I, HEREBY CERTIFY, That I attended deceased from April 5 1937 to March 31st 1938

I last saw h[illegible] alive on March 31 1938 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	1926
Other contributory causes of importance: Chronic Parenchymatous Nephritis	Dec 1937

Was an operation performed? No Date of

For what disease or injury? None

Name of operation —

What test confirmed diagnosis Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify —

(Signed) L. L. Gordy, M. D.

(Address) 5106 Hayford Road

OCCUPATION is very important. See instructions on back of certificate.

E 15130

HEALTH DEPARTMENT—CITY OF BALTIMORE

15130 CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Eutaw St. 10th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emelia A. Momberger Wife

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1223 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert H.

6. DATE OF BIRTH (month, day, year): Nov. 1 - 1869

7. AGE: Years 68 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo Engel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christianna Miller

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT (Address): Albert H. Momberger 1223 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudoun Pk. 4/4 1938

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 4-1938 Reg'st'r.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1938 to 4/1, 1938

I last saw her alive on 3/31, 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/31/38

Other contributory causes of importance:

Arteriosclerotic Cardio-vascular Renal disease ?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.E. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Blum M. D.

(Address) 1206 E. Preston St

OCCUPATION IS VERY Important. See Instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15431

CERTIFICATE OF DEATH

92-wH 15431

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Home 3818 Hudson St. 26-4 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Lettman

(a) Residence: No. 818 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lettman

6. DATE OF BIRTH (month, day, year) July 1 - 68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) About 6 mos

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Matilda Faustum

(Address) 3818 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Apr. 4 1938

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

[illegible] Williams Registrar

FILED APR 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. (Coroner)

(Address) 111 N. Howard St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

15432 15432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31701--hw

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 18-2 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Celia Howard

(a) Residence: No. 1106 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gant

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Edith Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Townsend's Md. Date April 3rd 1938

19. UNDERTAKER Elroy O Wilson
(Address) 1010 Brantley

20. FILED Huntingtown Wilson, Md.

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 31, 1938

I last saw her alive on March 31, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-27-38
Other contributory causes of importance: Thrombophlebitis L leg	March 1938

Was an operation performed? no Date of N W

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lautour M. D.

(Address) Balto. City Hospitals

15433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-T 15433

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Eutaw Place & Brooks Lane (Ward) 13-1

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Bogue

(a) Residence: No. Eutaw Place & Brooks Lane (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bogue

6. DATE OF BIRTH (month, day, year) May 4 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Steubenville Ohio

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Mary Bogue

(Address) Eutaw Place & Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/2/ 1938

19. UNDERTAKER Laura R Williams

(Address) 332 N Schroeder St

FILED APR 2 1938 Laura R. Williams Undertaker, Md

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 29 38
Chronic Myocarditis	? ?

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Calvert St Coroner

OCCUPATION is very important. See instructions on back of certificate.

V F 15134

15134

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Annapolis St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Florence D Zimmerman

(a) Residence: No. 1931 Annapolis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William C Zimmerman

6. DATE OF BIRTH (month, day, year) 1869

7. AGE: Years 68; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Laurence Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Griffin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Zimmerman
(Address) 1931 Annapolis St

18. BURIAL, CREMATION, OR REMOVAL
Place Lowden P K Date 4/4-38

19. UNDERTAKER Edward Zimmerman
(Address) 2209 Wash Blvd

20. FILED ... 19... Registrar.

Arlington Hyattsville, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/29/38, 19... to 4/1/38, 19...

I last saw h[illegible] alive on 4/1/38, 19... Death is said to have occurred on the date stated above, at 2 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	[illegible]
Anasarca	
Acute failure	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W E Hanford M. D.

(Address) Emerson Hotel

Dec 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33675 35 — B 15135 — 91a

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Dawson

(a) Residence: No. Stemmers Run. md St., ... Ward. md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/12/16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Thomas Dawson

14. BIRTHPLACE (city or town) (State or country) va.

MOTHER

15. MAIDEN NAME Mary Lo arter

16. BIRTHPLACE (city or town) (State or country) va

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stephens Stemmers Run Date 4-2-38

19. UNDERTAKER Mrs. K. & E. Heath - Daughter
(Address) 1129 N. Caroline St

20. FILED ..... 19 ..... Registrar.

R 2- 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 28 - 1937 to March - 30 - 1938. Death is said I last saw her alive on March - 30 - 1938. 4 P.M. to have occurred on the date stated above, at 3 30

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis
Due to Strept viridans

Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B. Bunch M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

15136

HEALTH DEPARTMENT—CITY OF BALTIMORE

15136

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3339 Piedmont Ave 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William M. Cooksey

(a) Residence: No. 3339 Piedmont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Nellie C. Cooksey

6. DATE OF BIRTH (month, day, year): Sept. 10, 1873

7. AGE: Years 64 Months 6 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Postal Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Mansfield Cooksey
14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER
15. MAIDEN NAME: Ritter
16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Mrs. Nellie C. Cooksey 3339 Piedmont Ave.

18. ~~BURIAL~~ CREMATION, (Cemetery): Place: London Park, Apr 2 38

19. UNDERTAKER (Address): Wm J. Pickup Sons. North & Mt Aves

Huntington Williams Funeral Home

APR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30, 1938

22. I HEREBY CERTIFY, That I last saw the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through the head.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Mar. 30, 1938
Where did injury occur? 3339 Piedmont Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Shot self with pistol
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms. No abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15437

CERTIFICATE OF DEATH

51-B F 15437

Registered No.

1. PLACE OF DEATH Bon Secours Hosp. (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 18-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Horace Freeman.

(a) Residence: No. 125 S. Poppleton St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Katherine Freeman

6. DATE OF BIRTH (month, day, year) June 30 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H Freeman

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Sarah R. Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Katherine Freeman (Address) 125 S. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 4/4/38

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St.

20. FILED [illegible] 1938 Harrington Williams [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/38

22. I HEREBY CERTIFY, That I attended deceased from 3/27/38 to 3/31/38

I last saw h[illegible] alive on 3/31/38 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular disease arteriosclerotic disease	
Other contributory causes of importance: Encephalitis	
Ca of bladder (?)	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

F 45438

HEALTH DEPARTMENT—CITY OF BALTIMORE

15438 108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 778 Mc Henry St., 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nora L Slaughter
If U. S. Veteran specify WAR

(a) Residence: No. 778 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Widowed

5a. If married, widowed, or divorced
(or) WIFE of Adolph

6. DATE OF BIRTH (month, day, year) March 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benny Foster

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary L Sheppard
(Address) Furnace Branch Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 5 38

19. UNDERTAKER Ambrose, Inc.
(Address) 1017 W. Cross St.

20. FILED 19 Huntington Williams, M.D. Registrar.

R 2- 1938 8 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to April 1, 1938.
I last saw h[illegible] alive on April 1, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) [illegible] M. D.

(Address) 72 Gilmor St. City.

OCCUPATION is very important. See instructions on back of certificate.

15439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15439

CERTIFICATE OF DEATH 46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N Chapel St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Fuka

If U. S. Veteran specify WAR

(a) Residence: No. 505 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Sophie Fuka

6. DATE OF BIRTH (month, day, year) Oct 15 -- 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car

10. Date deceased last worked at this occupation (month, year) Prior Sept 1936

11. Total time (years) spent in this occupation 6086

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sophie Fuka

(Address) 505 N Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 4, 1938

19. UNDERTAKER Frank Leuck & Son

(Address) 1966 Ashland Ave

20. FILED Apr 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938 to April 1, 1938

I last saw him alive on March 31, 1938. Death is said to have occurred on the date stated above, 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon & Rectum	1 yr
Other contributory causes of importance: Toxic Absorption	1 week

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Coad, M. D.

Address 2630 E Baltimore

OCCUPATION is very important. See instructions on back of certificate.

15140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 15140

93 c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Mc Glann

If U. S. Veteran specify WAR

(a) Residence: No. 527 Franklin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Mc Glann

6. DATE OF BIRTH (month, day, year) May 30-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	75	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Andrew Mc Glann

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Fitchner

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Snyder

(Address) 3303 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL

New Bath - April 4 1938

19. UNDERTAKER Jos J Otten & Son

(Address) 156 N Fayette Ave

20. FILED Apr 5 1938 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to March 31 1938

I last saw him alive on March 31 1938. Death is said to have occurred on the date stated above, at 12 5/7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular Disease	>
Arteriosclerosis	>
Chronic Myocarditis	>
Other contributory causes of importance:	
Secondary Anemia	>

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph's Hospital

F 15141

15141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Braxton

(a) Residence: No. 1100 Ashland Ave St., B2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) February 22, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Dickens

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Braxton

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL APR 2 - 1938

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED ... 19... Registrar.

PR 2 - 1938

4920

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 22 1938 to March 1 1938

I last saw him alive on March 1 1938 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage — Date of onset 2-22-38

Cephalhematoma — Date of onset 2-22-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Cornbrooks M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15142 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15142

CERTIFICATE OF DEATH 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Mackey

If U. S. Veteran specify WAR

(a) Residence: No. 806 Sterling St. St., B² Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Mackey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Esther Henry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL APR 2 - 1938 19

Commissioner of Health

19. UNDERTAKER

(Address) Per M. A. Moore

20. FILED ... 19 ... Registrar.

APR 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to ... 19 ...

I last saw him alive on March 2, 1938 Death is said to have occurred on the date stated above, at 10⁰⁰ p.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Prematurity	3-2-38

Other contributory causes of importance:

Patent ductus arteriosus and foramen ovale

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Overstreet M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

O. K. Paul Schumba, M.D.

15443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 93 E 15443

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 619 McCabe Ave. St., 27-10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 8 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ellen Brooks
If U. S. Veteran specify WAR

(a) Residence: No. 619 McCabe Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo. W. Brooks.

6. DATE OF BIRTH (month, day, year) May 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Nicholas Hennegan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Cooney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Robert J. Brooks
(Address) 6233 Fairdel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 4 1938

19. UNDERTAKER Lom Heckrotte Sons
(Address) North & Pa. Ave.

20. FILED 2- 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1938 to March 30 1938
I last saw her alive on March 29 1938 Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1-1-37

Other contributory causes of importance: Acute Exacerbation of Chronic Nephritis 2-1-38.
Hypostatic Pneumonia Mar 27-38.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-29 1938

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fell down stairs

Nature of injury Bruised side arm & leg.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Sorgy M. D.

(Address) 5106 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

F 15144

15141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 W. 29th St. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Koehlert

(a) Residence: No. 213 W. 29th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) June 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Toy business

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Koehlert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Kothe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anton Albers
(Address) 213 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 4 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

20. FILED Huntington Williams, M.D.

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1936, to April 1st 1938

I last saw him alive on 3/31 1938 Death is said to have occurred on the date stated above, at 5 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
& general Metastases	
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Alban H. Crowther M. D.

(Address) 4209 Fredericksburg.

OCCUPATION is very important. See instructions on back of certificate.

F 15445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15445

CERTIFICATE OF DEATH

1107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Eutaw St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Wingfield

If U. S. Veteran specify WAR

(a) Residence: No. 802 S. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wingfield

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51. 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfax Co Va

FATHER

13. NAME Joseph Pierson

14. BIRTHPLACE (city or town) (State or country) Fairfax Co Va

MOTHER

15. MAIDEN NAME Nadda Hopper

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nora Nonie niece

(Address) 779 Gorsuch St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 4 38

19. UNDERTAKER Mrs Katie R. Wiseman

(Address) 322 N Schroeder St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938 to March 31, 1938

I last saw her alive on March 31, 1938. Death is said to have occurred on the date stated above, 3:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 20 1938
Other contributory causes (if any): Bronchitis	Feb 27 1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 1938

3H 35-57 15146

HEALTH DEPARTMENT—CITY OF BALTIMORE

15146

CERTIFICATE OF DEATH

× 146-B

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 75 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Kelly — If U. S. Veteran specify WAR

(a) Residence: No. 209 Summer St. St., ... Ward. Hopkins Hosp
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie

6. DATE OF BIRTH (month, day, year) 11/10/84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Bernard Kelly

14. BIRTHPLACE (city or town) (State or country) Pa - ?

MOTHER

15. MAIDEN NAME Anna Snell

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date 3.4.1938

19. UNDERTAKER C. M. Suter Sons
(Address) Hagerstown

20. FILED APR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to April 2 1938

I last saw h in alive on April 2 1938 Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Jan 1937
Other contributory causes of importance: Secondary anemia & blood loss	Jan 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Frederick H. Hoover M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15147 15147

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Lakeside Avenue) Ward

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ellen Redden

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1318 Lakeside Avenue. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~: ~~HUSBAND~~ (or) WIFE of Orlando Tyaro Redden

6. DATE OF BIRTH (month, day, year): June 3, 1854

7. AGE: Years 83 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: Stephen Henry Anderson

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Rachel Wix

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Rachel W. Lowry

(Address) 1318 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Denton Md Date April 3rd 1938

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

APR 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1936 to April 2 1938

last saw her alive on April 2, 1938 Death is said to have occurred on the date stated above, at 9.30am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio-sclerosis myocarditis	not known
Broncho Pneumonia	3.29.38.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) J. Edward Norris M. D.

(Address) 107 East West St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15448 15448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ Certificate 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Sycamore St. 25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie R Jackson If U. S. Veteran specify WAR

(a) Residence: No. 1510 Sycamore Home St., Ward. Houston Ky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of James F Jackson

6. DATE OF BIRTH (month, day, year) July 8 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Slaughters Ky

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Maggie Orton

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Mrs James F Jackson

(Address) 1510 Sycamore St

18. BURIAL, CREMATION, OR REMOVAL.

Place Slaughter Ky. Date April 3 1938

19. UNDERTAKER William M March

(Address) 715 Light St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-28-38, 19 , to 4-2-38, 19

I last saw h. ER alive on 4-2-38, 19 . Death is said to have occurred on the date stated above, at 12 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastro enteritis	3-28-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis B Whitney, M. D.

(Address) 4201 Pennsylvania Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15449

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 7-5 Ward)

CITY OF BALTIMORE: (No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emerson Campbell If U. S. Veteran specify WAR

(a) Residence: No. St-Clairsville St. Ohio Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/67

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fox Agent-Lb
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Campbell
14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Clairsville Ohio Date Apr. 5 1938

19. UNDERTAKER John T. Mitchell & Sons.
(Address) 1900 Eutaw St.

20. FILED April 5 1938 W. H. Davis, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1938 to April 1, 1938
I last saw him alive on April 1, 1938 Death is said to have occurred on the date stated above, at 6.46 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lip - (Secondary)	1935
Other contributory causes of importance:	
Cervical Laminectomy	3-25-38

Was an operation performed? Yes Date of March 25, 1938
For what disease or injury? Cervical Laminectomy for relief of pain.
Name of operation
What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) James Monroe Mason M. D.
(Address) Johns Hopkins Hospital Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

R 5 - 1938

F 15450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. F 15450

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1109 W. Franklin St., 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geny E. Woolridge

(a) Residence: No. 1109 W. Franklin St. Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Catherine

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER
13. NAME: Geny Woolridge
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Geny Woolridge
(Address): 1109 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place: Richmond Va Date: April 3, 1938

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 322 N. Schroeder St

20. FILED: APR 3 - 1938 Howard Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to March 31, 1938

I last saw him alive on March 31, 1938. Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bacterial Endocarditis	
due to Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas J. Hardy M. D.

(Address) 861 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15451

15451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. Std. St. 12-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Coates

If U. S. veteran, specify WAR No Record

(a) Residence: No. 2622 Green Mount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Sterling Coates

6. DATE OF BIRTH (month, day, year) June 30 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John Poole

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Herbert Coates

(Address) 2622 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Raleigh N.C. Date April 4 38

19. UNDERTAKER William Koop

(Address) 121 St Paul Street

FILED APR 3-1938 Huntington Undertaking Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence, obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Femur	3-27-38
Arterio Sclerotic Cardio Vascular Disease, Senility	
Other contributory causes of importance: Broncho Pneumonia (Terminal)	3-29-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? (Clinical, Autopsy or X-ray) Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/27 1938

Where did injury occur? Dallo Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped & Fell.

Nature of injury Fracture (Intertrochanteric) Left Femur.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 1360 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 15452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15452

CERTIFICATE OF DEATH

V 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Ensor St St., 5-7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ernest Melillo

(a) Residence: No. 505 Ensor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 7 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Melillo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Anna Thomas

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Emilio Melillo

(Address) 505 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 4 1938

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED 19 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Wolfe M. D. Coroner

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1936

V S 6

F 15153

F 15153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin Sq Hospital 13-6 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Simonds

(a) Residence: No. 3312 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David H. Simonds

6. DATE OF BIRTH (month, day, year) Oct 22, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George W. Gosnell

14. BIRTHPLACE (City or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary E. Cotterman.

16. BIRTHPLACE (City or town) (State or country) md.

17. INFORMANT David H. Simonds

(Address) 3312 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Date April 4, 1938

19. UNDERTAKER Chenoweth & Son.

(Address) 3415-17 Chestnut Ave.

20. FILED APR 3 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1938 to Apr. 1, 1938

I last saw her alive on Apr. 1, 1938 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) D. T. Battaglia M. D.

(Address) 3 Cathedral Apt Hopkins

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 3

15151 HEALTH DEPARTMENT—CITY OF BALTIMORE 15151

53-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1410 Dellwood Ave St. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 30 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran ——
specify WAR ——

2. FULL NAME Mrs Cora E Fisher

(a) Residence: No. 3609 Buena Vista Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard Fisher

6. DATE OF BIRTH (month, day, year): June 1-1883

7. AGE: Years 54 | Months 9 | Days 30 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spooler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W M C Hooper & Sons Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

FATHER
13. NAME: William F. Buffington
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Josephine Burkens
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Bertha E. Dell
(Address) Steubenville, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place: St Marys Hampden April 4 38

19. UNDERTAKER: Roraback & Burgee
(Address) 3631 Falls Road

20. FILED ... 19...

Huntington, West Virginia

APR 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1938 to Mar 31 1938

I last saw her alive on Mar 31 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Mar 31 38
Other contributory causes of importance: Tumor of urinary bladder	1937

Was an operation performed? Yes Date of Mar 21 38
For what disease or injury? Tumor of urinary bladder
Name of operation Evacuation of bladder tumor
Cystoscopy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. G. Carroll M. D.
(Address) 9 E M Royal Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 E. Baltimore St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? Yrs. mos. ds.

2. FULL NAME Sarah Weinblatt — U. S. Veteran — specify WAR

(a) Residence: No. 1638 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul Weinblatt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Bronal (Address) 1638 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 4-3-38 19

19. UNDERTAKER Jack Leurs Inc. (Address) 1439 E. Balto St

FILED 19 Registrar

APR 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Carcinoma Fundus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45156

F 45156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 Gunway St., (or) Ward 12-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 84 yrs. 2 mos. 13 da.

If U. S. Veteran specify WAR NONE

2. FULL NAME Frances Risteau Owings Griffith Penniman

(a) Residence: No. 3409 Gunway St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Lawrence Penniman

6. DATE OF BIRTH (month, day, year) Jan-19-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) "Woodland" Balto Co. Md.

FATHER

13. NAME Robt S. A. Griffith

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Eliza Barker

16. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

17. INFORMANT Mr. A. L. Penniman Jr. (son)

(Address) 3409 Gunway.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Cty. Date Apr-4-38

19. UNDERTAKER Stewart & Co.

(Address) 108 W. Monument

FILED APR 3 - 1938 19 ... Harrington Williams, Actg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 38 to Apr 1 19 38 that I last saw ... alive on Apr 1 19 38 and that death is said to have occurred on the date stated above, at 12 35 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Angina Pectoris	Yrs. 1 Mos. Ds.
Arteriosclerosis	Yrs. Mos. Ds.

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical No autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Kyser M.D.

(Address) Winterbrook Apts

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 15157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15157

CERTIFICATE OF DEATH

X 193

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Thomas Music

(a) Residence: No. Alexander City Alabama St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Northeastern Police Station
(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Alexanderbity Alabama Date April 3 1938

19. UNDERTAKER Leo G. Lepak
(Address) 1703 N Patterson Park Ave

FILED APR 3 - 1938

Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns of Body	
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-22 1938

Where did injury occur? Union Station
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Caught hold of High Tension Wire

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schnitker M. D.
Coroner

(Address) Coroners Office

INFORMATION should be given in every case where the question applies, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

✓ F 15458

F 15458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 241 Albemarle St. 3-2 Ward)
(If death occurred in a hospital or institution, give the NAME instead of street and number.)
Length of residence in city or town where death occurred 30 mos. da. How long in U. S. If of foreign birth 30 yrs. mos. da.

2. FULL NAME Giuseppe Iacuci
(a) Residence: No. 241 Albemarle St., Ward.
2 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Iacucci

6. DATE OF BIRTH (month, day, year) Sept. 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tortoreto Italy

FATHER

13. NAME Filippo Iacucci

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maddalena ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Josephine Iacucci (Wife) 241 Albemarle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date April 5th 1938

19. UNDERTAKER (Address) Frank Della Vecchia 52 S. Howard St. for Williams, F.H.

APR 3 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to Apr 1 1938
That I saw him alive on March 30 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/38
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Cassagne M. D.
(Address) 519 Drury Lane

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15159 00
3427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15159

53-e

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 24-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin Butts

(a) Residence: No. 1817 Jackson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-26-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Butts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Googhegan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date April 4 1938

19. UNDERTAKER Reuben Evans
(Address) 1400 Johnson

20. FILED ..... 19..... Registrar.

APR 3 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor - Medulloblastoma	1938
sub-arachnoid Hemorrhage	acute

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James A. Hamilton, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15460 HEALTH DEPARTMENT—CITY OF BALTIMORE 15460

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 W Main St., 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis L. Wise

If U. S. Veteran specify WAR

(a) Residence: No. 1506 W Main St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luna V. Wise

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT George E Wise 1515 N. Clinton
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 5 1938

19. UNDERTAKER A. Bound & Sons
(Address) 1400 Eastern Ave

20. FILED ... 19... Registrar.

APR 3 - 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1938 to Apr. 2, 1938

I last saw him alive on Apr. 2, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/10/38
Exhaustion	4/1/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed H. E. Campbell M. D.

4/1/38 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 15461

15461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Hudson St., 1-1 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna A. Spole

(a) Residence: No. 2932 Hudson St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Spole

6. DATE OF BIRTH (month, day, year) Dec 31 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Joseph Costello

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helena M. Powell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Harry Spole 2932 Hudson

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date April 4 1938

19. UNDERTAKER (Address) John A. Moran 3000 E. Balto St

20. FILED 19 Harrington Williamsburg, Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Mar. 31 1938

I last saw h— alive on Mar. 31 1938 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset 9/1/28

Other contributory causes of importance:

Hemiplegia — 5/4/27

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Joseph Dunkerly M.D.

(Address) 4461 N. Ellwood Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1938

F 45462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45462

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp St. 27-16 Ward

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Catherine Fisher

(a) Residence: No. 4656 Park Hts. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William P. Fisher

6. DATE OF BIRTH (month, day, year) Nov. 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pubrigille Montenegro

FATHER

13. NAME John Priestly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gaule

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dr Priestley Fisher
(Address) 4656 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 4 1938

19. UNDERTAKER Harry W. Britzke
(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

APR 3 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to April 1, 1938

I last saw her alive on April 1, 1938. Death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease. — Date of onset none

Other contributory cause of importance:

Senility

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard H. Burbage M. D.

(Address) Mercy Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45463

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 E. 21st St., 9-8 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Kalkman

(a) Residence: No. 507 E. 21st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Edgar A. Kalkman

6. DATE OF BIRTH (month, day, year) April 5, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME Charles Fridinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Semler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. E. Seibert

(Address) Clear Spring Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 4/38

19. UNDERTAKER Harry A. Little

(Address) 4101 Edmondson Ave.

20. FILED APR 5 1938 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1938 to Apr. 1, 1938

I last saw her alive on Apr. 1, 1938. Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardiac Hypertrophy	2
Contributory causes of importance: Arteriosclerosis 7 age.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) George E. Cross M. D.

(Address) 28 W 25th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15468 7 2 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15464

34387

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Chase

If U. S. Veteran specify WAR

(a) Residence: No. Landover St., Ward Prince Geo. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-3-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Phinney Chase

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Nina Hitsman

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hyattsville Md. Date 4-5 1938

19. UNDERTAKER John C. Pritchett

(Address) 1900 Eutaw Pl.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch-31, 1938 to April 2, 1938

I last saw her alive on April 2, 1938 Death is said to have occurred on the date stated above, at 8 47 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypophyseal Tumor (benign)	1934

Other contributory causes of importance:

Was an operation performed? Yes Date of April 1, 1938

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Walton, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 9 1938

F 45465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45465

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Kurzmiller

(a) Residence: No. 1211-62nd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 2-27-06

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Lewis Teichmann

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Anna Tribell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer April 4 1938

19. UNDERTAKER: Harnell & Hipsley
(Address) 1405 Eutaw St

20. FILED: Huntington Williams April 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 24, 1938, to Mch 31, 1938

I last saw her alive on Mch 31, 1938. Death is said to have occurred on the date stated above, at 11 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant glioma	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-29-38 3-31-38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Williams Gray Wilson, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 4 - 1938

F 45466

Briley

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W. Saratoga St. 7th Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Josephine Bailey (Briley) If U. S. Veteran specify WAR to Record

(a) Residence: No. 2123 W. Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of John H. Bailey

6. DATE OF BIRTH (month, day, year) Sept 25th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William De Haven
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frank Robinson
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Thurman Bowers
(Address) 2123 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 5th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED APR 4 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th 1937 to April 1st 1938
I last saw h[er] alive on April 1st 1938 Death is said to have occurred on the date stated above, at 1140 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Other contributory causes of importance: Arteriosclerosis Hypertension	2

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) H. J. Jenkins M. D.
(Address) 119 N. Milton Ave

Information should be furnished by relative, or other person who has knowledge of the facts. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 15467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1921 Riggs Ave. (St.) 16-4 (Ward)

Length of residence in city or town where death occurred 32 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eliza J. Porter.

If U. S. Veteran specify WAR None.

(a) Residence: No. 1921 Riggs Ave. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nathan W. Porter

6. DATE OF BIRTH (month, day, year): July-5-1855.

7. AGE: Years 82 | Months 8 | Days 26 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired - for 48

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Practical Nurse.

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: Beal Covey.

14. BIRTHPLACE (city or town) (State or country): Howard Co Md.

MOTHER

15. MAIDEN NAME: Sarah Kenedy.

16. BIRTHPLACE (city or town) (State or country): Balto. Co Md.

17. INFORMANT: Mrs. Sallie M. Elseroad
(Address) 1921 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: April-4. 38

19. UNDERTAKER: Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED: Huntington Millsville, Md. Registrar.

APR 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938 to April 1, 1938

I last saw her alive on April 1, 1938 Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	2 yrs
Senile Anaemia.	5 yrs
Exhaustion.	1 month
Other contributory causes of importance: Cardiac Asthma	4 da.

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) E M ___ M. D.

(Address) 826 Fulton Ave.

Information should be carefully supplied. ADD should be used for Aged persons. Write plainly and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 5

Koons

F45468 F 45468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Gilmor St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisiana Small

If U. S. Veteran specify WAR

(a) Residence: No. 707 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Fem

4. Color or Race Col

5. Single, Married, Widowed, or ~~Divorced~~ (write the word) Widow

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Peter Small

6. DATE OF BIRTH (month, day, year) Feb. 8 1875

7. AGE — Years 63 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granville County N.C.

FATHER

13. NAME Luke East

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Louisa Moore

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Luke Webb (Address) 707 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL Place Henderson N.C Date April 3 1938

19. UNDERTAKER Carroll W. Chase & Co (Address) 628 N. Gilmor

20. FILED APR 4 - 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to April 2, 1938

I last saw h[illegible] alive on April 1 1938 Death is said to have occurred on the date stated above, at .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Other contributory causes of importance:	
Arteriosclerosis Chronic	

Was an operation performed? Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Johnson M. D.

(Address) 700 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45469

CERTIFICATE OF DEATH

63152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Prestman St., W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Jenkins

U. S. Veteran specify WAR

(a) Residence: No. 1818 Prestman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Francis Wyatt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alderson Jenkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alderson Jenkins

(Address) 1818 Prestman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 4 1938

19. UNDERTAKER Thomas E Nelson

(Address) 1303 Prestman St

FILED APR 4 - 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	April 1
	38
Other contributory causes of importance	CRN

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Keller M. D. Coroner

(Address) 507 Fairmount St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 15170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15170

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud. Gen. Hosp. St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Calvin Leroy Weber

(a) Residence: No. 525 S. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 15 1938

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Calvin Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Gross

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Calvin J. Weber

(Address) 525 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 5 1938

19. UNDERTAKER William M. Mraeck

(Address) 915 Light St

20. FILED ..... 19..... Registrar.

APR 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30. 1938. to April 1. 1938.

I last saw him alive on April 1. 1938. Death is said to have occurred on the date stated above, at 4:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry W. Weiss M. D.

(Address) Md Gen Hospital

Information should be complete, legible, and accurate. Any change in the original statement must be explained. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 45471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45471

CERTIFICATE OF DEATH

92-a 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Loyola Southway Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Reichgut Sodden

If U. S. Veteran specify WAR

(a) Residence: No. 2628 Loyola Southway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~HUSBAND~~ or (or) WIFE of Reuben Sodden

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Polans

FATHER

13. NAME Nathaniel Reichgut

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Flory Buckner

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sigmund Danzansky

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Date 4-4-38 19

19. UNDERTAKER Jack Levy Inc.

(Address) 1439 E. Balto St.

20. [illegible] Huntington Williams [illegible]

(Address) [illegible] Residence

APR 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-38 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1934 to April 2nd 1938

I last saw her alive on April 2nd 1938. Death is said to have occurred on the date stated above, at 9.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	1934
Chr. myocarditis	1934
Other contributory causes of importance:	
Hemoplegia	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. A. Michelson M. D.

(Address) 2220 Eulaw St.

V8 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45472

F 45472 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospl. (Ward) E-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Turner

If U. S. Veteran specify WAR .....

(a) Residence: No. Llandonville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mollie Turner

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	—	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylorsville Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Rachel Turner

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dunkirk April 6 '38

19. UNDERTAKER Jas. T. Cox

(Address) Davidsonville Md

Filed APR 4 - 1938 Attesting for Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1937 to April 3, 1938

I last saw h... alive on April 3, 1938 Death is said to have occurred on the date stated above, at 6:35 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suspension of Mental Regulation	over

Other contributory causes of importance:

st inguinal hernia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Wallace Stuart, M. D.

(Address) 201 N Carlyle St.

Information should be entered by typewriter or ink. Any alteration must be attested. Applicant should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

45473 HEALTH DEPARTMENT—CITY OF BALTIMORE 45473

CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 W Dallas St St., 8-7 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. How long in U. S. if of foreign birth? yrs. mon. da.

2. FULL NAME Alice A. Felton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1401 W. Dallas St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Ben Felton

6. DATE OF BIRTH (month, day, year): 1882

7. AGE: Years: About 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Geo. Hardy.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Parthina —

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Ben Felton

(Address) 1401 W. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary April 4 1938

19. UNDERTAKER: Robert H. Young

(Address) 804 E. Caroline St

Filed APR 4 - 1938

Huntington Milwaukee, Wis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/2 38 to 3/31 1938

I last saw her alive on 3/29 1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	?
Chr. Nephritis	?
Other contributory causes of importance:	
arterio-sclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. Brown M. D.

(Address) 1500 E. Madison St

VS 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

F 15174 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15174

CERTIFICATE OF DEATH

194-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3200 W[redacted] Ave ST. 27 WARD)

2 FULL NAME Edward S. Kelly

(a) RESIDENCE NO. 3200 Westfield Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where dead Drink. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda May

6 DATE OF BIRTH (month, day, and year) Dec 26 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Steelton Pa

PARENTS

10 NAME OF FATHER Jeremiah Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Rhoda May Kelly 3200 Westfield Ave

15 Filed APR 4 - 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 2/38

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937, to April 2nd, 1938, that I last saw h[illegible] alive on April 2nd, 1938, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) yrs. 4 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Conference

(Signed) L. L. Body M. D.

4-2 1938 (Address) 5106 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL Apr 5 1938

UNDERTAKER Leonard J Keck ADDRESS 5303 Harford Rd

INFORMATION IN THIS REPORT IS REQUIRED BY LAW. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15175 V 131 F 15175

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 E. Pratt St. 1 - Zone Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Elizabeth Freburger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3004 E Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Left Wm. Freburger

6. DATE OF BIRTH (month, day, year) Jan. 1868

7. AGE — Years 69 | Months 2 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Timothy O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Keefe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Left Wm. Freburger

(Address) 3004 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 5 1938

19. UNDERTAKER John A Moran

(Address) 3000 E. Baltimore St

20. APR 4 - 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/ , 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1938 to Apr. 2, 1938

that I saw h[illegible] alive on Apr 1, 1938 Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Myocarditis	
Chronic Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Tookey M. D.

(Address) .....

information should be carefully supplied. Age should be stated EXACTLY. If unknown, state APPROXIMATE. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 8

F 15176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131 F 15176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N. Caroline St., 8-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Regina C. Connelly

If U. S. Veteran specify WAR

(a) Residence: No. 1839 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 9th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Connelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Martha McAleese

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Martha Connelly
(Address) 1831 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 5, 1938

19. UNDERTAKER John A. Troan
(Address) 3000 E. Baltimore St

20. FILED APR 4 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938 to March 31, 1938

I last saw her alive on March 31, 1938 Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 mo
Myocarditis.	2 mo
Other contributory causes of importance:	
Renal Calculi (Cholecystitis)	2 mo
Chronic Interstitial Nephritis	2 mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical + X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hartford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 15177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15177

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Mayfield ave St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Peterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2201 Mayfield ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Peterson

6. DATE OF BIRTH (month, day, year) 4/4 1845

7. AGE: Years 92 | Months 5 76 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Harrington

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Hilden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Florence Novak

(Address) 2201 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 5, 1938

19. UNDERTAKER John A. Horan

(Address) 3000 E. Baltimore St.

20. APR 4 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 1938

22. I HEREBY CERTIFY, That I attended deceased from mar. 25 - 38, 19.., to April 1, 1938

I last saw h.. alive on April 1, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis — Date of onset

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustav C. Freund M. D.

(Address) 601 E Fairmount Ave

V6 3

information should be carefully supplied. Age, should be stated in YEARS. Infants under one year of age should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15178

HEALTH DEPARTMENT—CITY OF BALTIMORE

45478

F 15178

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Gibbons Ave., St., Hamilton 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Duncan Finley McPherson

If U. S. Veteran specify WAR

(a) Residence: No. 2118 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Virginia H. McPherson

6. DATE OF BIRTH (month, day, year) Aug. 11, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Internal Revenue Clerk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John McPherson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah J. Lyon

16. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

17. INFORMANT Mr. Joseph Hodges
(Address) 3300 Gibbons Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 4, 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light st.

20. FILED APR 4 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938, to April 1, 1938

I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/27/38
Uremia	3/31/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry T. Coblenz M. D.

(Address) 24 E. Read Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 15179 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15179

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Bank St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Gross

(a) Residence: No. 3405 Bank St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Emma Gross

6. DATE OF BIRTH (month, day, year) Oct 17 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Brakeman

10. Date deceased last worked at this occupation (month and year) 1 yrs

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Peter Gross

14. BIRTHPLACE (city or town) (State or country) Baden France

MOTHER

15. MAIDEN NAME Kate Vorrath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date APR. 6 1938

19. UNDERTAKER Jelly & Zeiler Inc
(Address) 4025 Belair Rd

Filed APR 4 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1938 to April 3 1938

I last saw him alive on April 3 1938 Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 24
Other contributory causes of importance: Pulmonary Tuberculosis Terminal	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E M Baumgardner M. D.

(Address) Forestville Md

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15180 ✓108 F 15180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Turner

(a) Residence: No. North Point Road thru Locust St., Ave.; 723 E. Lowell St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8 m	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Of Mary Apr. 5 38

19. UNDERTAKER Tully & Zuberbuhler

(Address) 403 S. Paca St.

20. Filed APR 4 - 1938 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 4-3, 1938

I last saw h[illegible] alive on 4-3, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 1938
Influenza	March 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

M. D. (Signed) James A. Miller M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 15181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15181

CERTIFICATE OF DEATH

3206 (illegible) 9.108

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 8-6 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Smith

(a) Residence: No. 1526 N. Dallas Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 4/23/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward James Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Aurelia Burgess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/5 38

19. UNDERTAKER Rayne Sanders

(Address) 1413 E preston St

RECEIVED APR 1 1938 Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938 to April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 12 20 C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-31-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. De Sanctis M.D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15182

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15182

CERTIFICATE OF DEATH

1. PLACE OF DEATH Isaac City Hospital — 175a — oc

CITY OF BALTIMORE: (No. Bay View St., 14-3 Ward)

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Watkins

If U. S. Veteran specify WAR.

(a) Residence: No. 1826 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Watkins

6. DATE OF BIRTH (month, day, year) May 5 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Richardson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lora ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Apr - 4 1938

19. UNDERTAKER Mrs. R. L. Elliott - Daughter

(Address) 1124 N. Caroline St.

20. FILED APR 4 - 1938 By Arlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Criminal Abortion Complete	Mar
Other contributory causes of importance: Nephritis Acute, Uremia	Mar

Was an operation performed? No Date of

For what disease or injury?

Name of operation Curret Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Criminal Abortion

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1716 N. Broadway

F 15183 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15183

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 W. Mulberry St., 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen P. Penske

If U. S. Veteran specify WAR

(a) Residence: No. 1932 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances A. Penske (nee Philipp)

6. DATE OF BIRTH (month, day, year) April 12, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
	73	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Penske

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frances A. Penske

(Address) 1932 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 5, 19 38

19. UNDERTAKER Harry A. Culbert

(Address) 4101 Edmondson Ave.

20. FILED , 19

Registrar

APR 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/38, 19 to Apr 3/38, 19

I last saw h[illegible] alive on Apr 1/38, 19 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue - 1937	about 1 yr ago

Other contributory causes of importance:

Metastasis in lung -	
Glands of neck	

Was an operation performed? No Date of X Ray & Radium

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Wurbach M. D.

(Address) 2220 Garrison Blvd

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45181

CERTIFICATE OF DEATH

82-W

16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Fulton Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Vogt

If U. S. Veteran specify WAR

(a) Residence: No. 925 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Vogt

6. DATE OF BIRTH (month, day, year) Sept. 6, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A. Freeman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Van Wyck

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. George Vogt,

(Address) 925 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date April 5, 1938

19. UNDERTAKER Harry F. Lutzke

(Address) 101 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/25/38 19 to 4/2/38 19

I last saw h alive on 4/2/38 19 Death is said to have occurred on the date stated above, at 8 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/25/38
Other contributory causes of importance:	
Arterial Hypertension	2/1/28
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Dorn M. D.

(Address) 1 W. Mt. Vernon Pl.

V8 3

APR 4 - 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45185

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. East Point St. 76-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Lafolette

(a) Residence: No. 14 N. Hanson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Lafolette

6. DATE OF BIRTH (month, day, year) May 6 1811

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Neal Wagner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida Wagner

(Address) 1312 S. Fonda St.

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date April 4 1938

19. UNDERTAKER Philip Herwig Sons

(Address) 2816 Orleans St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Cerebral Embolism	5 days

Other contributory causes of importance: Coronary-Heart disease Chronic nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. O'Donnell Wood, M. D. Coroner

(Address) 111 W. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 6 1938

Huntington Williams, M.D.

F 45486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45486

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 517 E. Clement St. 24-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret R. Larkin

If U. S. Veteran specify WAR .....

(a) Residence: No. 517 E Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Larkin

6. DATE OF BIRTH (month, day, year): Jan. 2, 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: James Hutton

14. BIRTHPLACE (city or town) (State or country): Balto., Md

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Wm. Larkin
(Address) 517 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: April 6, 1938

19. UNDERTAKER: Margaret A. Flynn
(Address) 425 Light St.

20. FILED ..... 19.. Registrar.

PR 4 — 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2, 1938

I HEREBY CERTIFY, That I attended deceased from January 15, 1938 to April 2, 1938

I last saw h[illegible] alive on April 1, 1938. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart.	

Other contributory causes of importance: Arterio Sclerosis, Hysterectomy

Was operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19..

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A. Schmunck M. D.

(Address) 1337 S. Charles St.

PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

№ 45487

CERTIFICATE OF DEATH

23.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Mosher St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca M. Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1324 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jonstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Sept 1st 37

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Lawler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriett Epps

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hortense Chambers

(Address) 573 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Wakefield KA. Date April 4th 1938

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Place

Filed APR 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 37. to Apr 2 1938

I last saw her alive on Apr 1st 1938 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Miliary Tuberculosis	
2. Acute Cardiac dilation	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J Hopkins M. D.

(Address) 219 Rentalstown Rd

F. E.—WRITE PLAINLY, WITH INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SICIMINSKY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45488

45488

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Inf. St., ... Ward)

Length of residence in city or town where death occurred 47 yrs. 4 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Sicieminski Mr. John

(a) Residence: No. 1206 S. Ellwood St., Balt. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Sicieminski, Mrs. Eva

6. DATE OF BIRTH (month, day, year) Dec. 3, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Copper Works

10. Date deceased last worked at this occupation (month and year) Feb 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balt Maryland

FATHER

13. NAME John Sicieminski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

MOTHER

15. MAIDEN NAME Mary Cherey

16. BIRTHPLACE (city or town) (State or country) Unknown Poland

17. INFORMANT Mrs Eva Sicieminski (wife)

(Address) 1206 S. Ellwood St. city

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 6 38

19. UNDERTAKER Martin W. G. Dysel

(Address) 371 S. Conkling St.

20. FILED Apr 4, 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1938, to April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Stomach with Generalized Metastases — Date of onset Jan. 1938

Other contributory causes of importance:

Cachexia due to Carcinomatosis

Was an operation performed? Yes Date of May 10, 1938

For what disease or injury? Exploratory Laparotomy

Name of operation Exploratory Laparotomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Katz M. D.

(Address) Church Home Inf.

N. B.—WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. ALL items must be filled in. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 4, 1938

45489 3712 F 45489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Williams If U. S. Veteran specify WAR

(a) Residence: No. 5876 Belair Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-21-67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Abe Morris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Morris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 6 1938

19. UNDERTAKER Martin F.E. Keppel

(Address) 37 S. Amity St.

20. FILED APR 4 1938 H. E. Lee Wilson Registrar.

V8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 28 1938 to Apr 2 1938

I last saw her alive on Apr 2 1938. Death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with perforation	3/23/38
Localized peritonitis with pelvic abscess	3/23/38
Bronchopneumonia	4/1/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/30/38

For what disease or injury? Acute appendicitis

Name of operation Appendectomy & drainage

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edwina S. Stafford M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45490 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45490

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Mt Holly St. 15-9 Ward)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Addie C. Wilcoxon

(a) Residence: No. 2108 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank M Wilcoxon

6. DATE OF BIRTH (month, day, year): Aug. 10, 1868

7. AGE: Years 69 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Joshua H. Keefer

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Sarah Dolty

16. BIRTHPLACE (city or town) (State or country): Randallstown Md.

17. INFORMANT: Mrs. Philip A. Grimes.
(Address) 2108 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem. Date Apr. 4, 38

19. UNDERTAKER: Chas. Huckel Sons
(Address) North & Paca Sts

20. FILED: Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934 to Nov 1, 1938

I last saw her alive on Apr 1st, 1938. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left side terminal	
Other contributory causes of importance: Senile Arterio sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin C. J. Eichhorst M.D.

(Address) 15-19 Baptist Church St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 45491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45491

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 Vine St. 20-1 Ward)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 25 dys. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Edward Sands

If U. S. Veteran specify WAR

(a) Residence: No. 1941 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Mary E. Sands

6. DATE OF BIRTH (month, day, year) Jan 9th, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Thomas E. Sands

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Sarah Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Mary C. Sands
(Address) # 1941 Vine Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem Date 4 / 6 / 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED APR 4 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3rd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Apr 3

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin Hayes M. D.
Coroner

(Address) 1822 W. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159 F 15492

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Eric Father

If U. S. Veteran specify WAR

(a) Residence: No. Rosedale & Milford Ave St., ... Ward. Balto Co Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, year) April 3, 1938

7. AGE Years	Months	Days	If LESS than 1 day, 13 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rosedale, Balto, Co. (State or country) Maryland.

FATHER

13. NAME John B. Father

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen E. Thornberg

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT John B. Father

(Address) Woodlawn Md (R F D)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 4/5/38

Howard Co. Md.

19. UNDERTAKER Easton Low Funeral City

(Address) Williams

20. FILED APR 4 - 1938 Registrar

APR 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938 to April 4, 1938

I last saw her alive on April 4, 1938 Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 hrs)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albert E. Ludvigsen M. D.

(Address) St Joseph Hospital

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45493

92-a

CERTIFICATE OF DEATH

14-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baptist Home 1615 Park St. Ward) 40

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie F. Buhlmaier

(a) Residence: No. 1615 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl H. Buhlmaier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Vogelman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mildred Davenport
(Address) 423 Loudon ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 4-5-38 . 19

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place.

20. APR 4 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 38 . 19 ... to April 3, 1938. 19

I last saw h... or alive on April 3, . 1938 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction, cause not determined.	3-28-38
Mitral Regurgitation	Years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) W. R. Johnson M. D.

(Address) 1 Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45494 F 45494

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY GIRL DUNDEE

If U. S. Veteran specify WAR

(a) Residence: No. 580 W. BIDDLE St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	NEGRO	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/28/38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME WILLIE DUNDEE

14. BIRTHPLACE (city or town) (State or country) SOUTH CAROLINA

MOTHER

15. MAIDEN NAME DANIE TONEY

16. BIRTHPLACE (city or town) (State or country) SOUTH CAROLINA

17. INFORMANT WILLIE DUNDEE
(Address) 580 W. BIDDLE ST

18. BURIAL, CREMATION OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 4-1938
Commissioner of Health

19. UNDERTAKER
(Address) For H. A. Moore

20. FILED APR 4-1938 ... Registrar.

3925

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1938 to 3/31, 1938

I last saw HER alive on 3/31, 1938 Death is said to have occurred on the date stated above, at 9 00 P.M.

The principal cause of death and related causes of importance were as follows:

PREMATURITY — Date of onset 3/28/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Everett D. Diggs M. D.
(Address) UNIVERSITY HOSPITAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45495

34a 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1344 W. Lafayette Ave (St.) 6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME None

(a) Residence: No. 1344 W. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): April 1, 38

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Md

FATHER

13. NAME: Lewis Johnson

14. BIRTHPLACE (city or town) (State or country): [illegible] Md

MOTHER

15. MAIDEN NAME: Rebecca McAllister

16. BIRTHPLACE (city or town) (State or country): Wilmington N.C.

17. INFORMANT: Rebecca McAllister

(Address) 1344 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL APR 1 - 1938

Commissioner of Health

Per M. A. Moore

19. UNDERTAKER

(Address)

19 ... Registrar.

APR 4 - 1938

Arlington Williams, M.D.

20.2.3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2 1938

22. I HEREBY CERTIFY, That I attended deceased (from) April 1, 1938 (to) April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, 10.25 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Debility

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If ... (Signed) W. F. Howard M. D.

(Address) 601 N. Carrollton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4158 Falls Road St. 13-8 Ward)
Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rankin Matthews
If U. S. Veteran specify WAR .....

(a) Residence: No. 4158 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Matthews

6. DATE OF BIRTH (month, day, year) Oct. 3-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer yes
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lora L. Little
(Address) 4158 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Balto. Date April 5 1938

19. UNDERTAKER Grace M. Dorsey
(Address) 1421 Falls Road

20. FILED ... 19... Registrar.

APR 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ap. 1930, 19... to apr 2, 1938, 19... I last saw him alive on apr. 2. 1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int. Nephritis	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Wm E. Martin M. D.
(Address) Randallstown Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45497

CERTIFICATE OF DEATH

50 F 45497

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Poplar Grove St.) (Ward) 15-6

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvinia Schultze

If U. S. Veteran specify WAR .....

(a) Residence: No. 1735 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 26-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Alteration Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzlers

10. Date deceased last worked at this occupation (month and year) 69

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis A. Schultze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Plitt.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Minnie Thaf

(Address) 1735 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 5 1938

19. UNDERTAKER Harris C. Byer

(Address) 1602 W. Lafayette Ave

Huntington Pittsburgh Pa

APR 4-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1937 to April 2 1938

I last saw h[illegible] alive on April 2 1938 Death is said to have occurred on the date stated above, at 7-10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno sarcoma	
	Nov

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ernst x Kalus M. D.

(Address) 1735 Poplar Grove St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45498 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 45498

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Lillie Cranmer

(a) Residence: No. 4503 Penhurst Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27—1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER

13. NAME Thomas Cranmer

14. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

MOTHER

15. MAIDEN NAME Ellen Day

16. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

17. INFORMANT Miss Ethel Cranmer

(Address) 4503 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hill Cem. Date April 6 1938

19. UNDERTAKER Irvine & Tyler

(Address) 1201 W. North Ave

Filed APR 4 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to April 3, 1938

I last saw her alive on April 3, 1938 Death is said to have occurred on the date stated above, 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma body of uterus	Dec. 1937
Other contributory causes of importance: Terminal bronchopneumonia	4 3 38

Was an operation performed? Yes Date of March 21, 1938

For what disease or injury? Adenocarcinoma body of uterus.

What test confirmed diagnosis Pathological section. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Sellers M. D.

(Address) Women's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45499

157-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 E Twenty third St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Hilson Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 524 E. Twenty third St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 11, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	22-23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Arthur R. Scott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary R. Stortz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur R. Scott

(Address) 524 E. 23rd Street

18. BURIAL, CREMATION, OR REMOVAL Falls Church Va.

Fairview National Memorial Park 4/5/38

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937 to April 3, 1938

I last saw h.l.s. alive on April 2, 1938 Death is said to have occurred on the date stated above, at 7.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	Birth
Other contributory causes of importance: Intercranial Hemorrhage	

Was an operation performed? yes Date of April 28 1936

For what disease or injury? Hydrocephalus

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ..... 19 .....

Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter P. Block M. D.

(Address) 511 Cathedral Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 4 - 1938 Huntington Williams, M.D.

E 15500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15500

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Good Shepherd Hosp. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Wing

if U. S. Veteran specify WAR

(a) Residence: No. Lanahan Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lonnie Wing

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester, Co Md.

FATHER

13. NAME George Wing

14. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Wing.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 1 - 1938

Commissioner of Health

19. UNDERTAKER For H. S. Moore

(Address)

20. FILED APR 1 - 1938 19 ..... Registrar.

APR 1 1938

39234

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1938 to March 31, 1938.

I last saw h.. alive on March 31, 1938. Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia sclerosis	
myocardial degeneration	

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. Walter Greenwood M. D.

(Address) 201 N. Caroline St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45501 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 45501

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Oak St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~life~~ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Coleman or Pelman

If U. S. Veteran specify WAR

(a) Residence: No. 2212 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Coleman

6. DATE OF BIRTH (month, day, year) Feb 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Burkett

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hattie Sears

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William Coleman
(Address) 2212 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/5/ 38

19. UNDERTAKER Charles H. Burkett
(Address) 538 Lemmon St

20. FILED , 19 Registrar

R 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence furnished by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 3 1938
Other contributory causes of importance: Hypercholesterolemia	about 15-38

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge S. Callen M. D.
Coroner

(Address) 50 Eutaw St

V S 6

Instructions: Fill in all items, using words and not abbreviations, unless necessary. Make answers as definite as possible. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45502

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward) 15-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Ann Foote

(a) Residence: No. 4 Colonial Ave, Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensville Md.

FATHER

13. NAME Edward Harris

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Marian Foote

16. BIRTHPLACE (city or town) (State or country) Greensville, Md.

17. INFORMANT Marian Foote
(Address) 2 [illegible] Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date April 4 38

19. UNDERTAKER B Z Hopkins
(Address) Annapolis, Md.

20. [illegible] Huntington Williams, M.D.

R 4-1938

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 3, 1938

I last saw her alive on April 3, 1938. Death is said to have occurred on the date stated above, at 11:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-intestinal infection.	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Walton Hughes M. D.

(Address) 201 H Conway St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45503

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1255 James St. St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Connelly

If U. S. Veteran specify WAR

(a) Residence: No. 1255 James St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Connelly

6. DATE OF BIRTH (month, day, year) May 8. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Wachsmuth

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mildred M. Baker

(Address) 1255 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Apr. 5 '38

19. UNDERTAKER Jno. Wm. John W. Pinkel & Son

(Address) 801 W. Fayette St

20. FILED ..... 19... Registrar .....

APR 4 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to April 2 . 1938

I last saw h.. alive on April 1 . 1938 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1936
Hypertensive Heart Disease	1930
Coronal Arteriosclerosis	1937
Cerebral Hemorrhage	Feb. 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George Silverton M. D.

(Address) 822 Light St.

INFORMATION FURNISHING THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANISLAWA PIETRZAK ✓ F 15504

F 15504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward) 24-1804.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Stella Petrzak (PIETRZAK)

(a) Residence: No. 1408 Andre St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Petrzak

6. DATE OF BIRTH (month, day, year) Jan 18 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Patcha

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Stanislawa Pietrzak

(Address) 1408 Andre

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 6 1938

19. UNDERTAKER John M Weber

(Address) 401 S Chester St

20. FILED APR 4 1938 Washington Williams, Registrar

D 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-28-38 . 19 ..... to 4-3-38 . 19 .....

I last saw her alive on 4-3-38 . 19 . Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	1938
acute yellow Atrophy of liver	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-11-38

For what disease or injury? Cholecystitis

Name of operation Cholecystotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. R. Evans . M. D.

(Address) South Baltimore General

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45505

CERTIFICATE OF DEATH

38037 JS

95-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto. City Hospt. St., 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Ko-te

(a) Residence: No. 922 W. Sa-atoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gladys

6. DATE OF BIRTH (month, day, year) 8-2-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal, Ice, Wood, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Howard County

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Biggand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/6/38.
Place St. John Howard Cem.

19. UNDERTAKER Mr. & Mrs. H. S. Funk
(Address) 2 5/2 Wilson Ave. Huntington West Virginia

20. FILED APR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29 1938 to March 30 1938

I last saw him alive on March 30, 1938 Death is said to have occurred on the date stated above, at 1130 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. McCardle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 W. Lanvale St., 16-H Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas T. Hamilton

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2030 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ruth S. Hamilton

6. DATE OF BIRTH (month, day, year) Nov 15th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Odd Fellows Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ruth S. Hamilton

(Address) 2030 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Hartford Co Md. Date April 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED APR 5 - 1935 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22 1935 to April 7 1935

I last saw him alive on April 7 1935 Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized tuberculosis	2
Other contributory causes of importance:	
Uraemia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip D Lyon, M. D.

(Address) 245 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Orson Otis Darrow

45507 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45507

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1138 N. Fulton Ave) 16-H Ward

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Orson Otis Darrow

If U. S. Veteran, specify WAR Record

(a) Residence: No. 1138 N. Fulton Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~: HUSBAND of (or) WIFE of Martha V. Darrow

6. DATE OF BIRTH (month, day, year) May 30th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker of Hardwood Floor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. Y. State

FATHER

13. NAME John Darrow

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Martha V. Darrow

(Address) 1138 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 5th 1938

19. UNDERTAKER W. J. Bok

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

APR 5 - 1938 Huntingtown Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to Apr 2, 1938

I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Feb 21, 38
Other contributory causes of importance: Coronary thrombosis	Sudden

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

Yes If so, specify .....

(Signed) M. Bowman Stock, M. D.

(Address) 2200 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15508

CERTIFICATE OF DEATH

+ √93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ? mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Maude McBride

If U. S. Veteran specify WAR No Record

(a) Residence: No. 34 Northchip Road Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Henry E. McBride

6. DATE OF BIRTH (month, day, year) October 2nd 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Budry Wales

FATHER

13. NAME James Henry Orane

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Richards

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Henry E. McBride

(Address) 34 Northchip Rd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Meadow Ridge Date April 5th 1938

19. UNDERTAKER Wm Cook

(Address) 217 E. Pratt St

20. FILED APR 5 - 1938 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23 1937 to April 2 1938

I last saw her alive on April 2 1938 Death is said to have occurred on the date stated above, at 2 P. m. 1.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Rheumatoid Arthritis	1937
Pachymeningitis Dorsalis	1937
Chronic myocarditis	7 mos

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Frank D'Angelis, M. D.

(Address) 2 Market St Dundalk

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45509

F 45509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 33rd St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hellie Ruth Glanville

If U. S. Veteran specify WAR No. Record

(a) Residence: No. 613 E. 33rd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Arthur C. Glanville

6. DATE OF BIRTH (month, day, year): Jan 27th 1879

7. AGE: Years 59 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): 5/37

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Geo. A. Brown

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Julia R. Taylor

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Arthur Glanville 613 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Date 4/6 38

19. UNDERTAKER (Address): Wallace Cook 1217 St Paul St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

12:45 PM

21. DATE OF DEATH (month, day, year): Apr 4/38 19

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937 to April 4 1938.

I saw her alive on March 16 1938. Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma right breast — Date of onset 1 yr ago

Other contributory causes of importance:

Metastases to glands, lung and bones which were present at time of visit

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Duncan M. D.

(Address) 1102 Madison

APR 5 - 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45510

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 446 W. Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Oct. 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward J. Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Young

(Address) 446 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Apr 7 1938

19. UNDERTAKER Adolphus Halstead

(Address) 9 E. Eutaw St.

20. FILED Apr 5 1938 Thomas J. Williams M.D.

(Registrar)

APR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to April 3, 1938

I last saw him alive on April 3, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	1
Other contributory causes of importance:	
Interstitial pneumonia	7 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical + X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron G. Gill M. D.

(Address) Sydenham Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15511

CERTIFICATE OF DEATH

F 15511

CBK--31029 34-1-82-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Alsup cross-filed with Charles Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 1002 S. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Westley Alsup

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rintha Drummond

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4-7 1938

19. UNDERTAKER James A Hayes
(Address) 142 W Fayette St

20. FILED 19 Registrar

Hamilton Md. Wm. [illegible], M.D.

V5 3

APR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1938 to April 3, 1938.

I last saw him alive on April 3, 1938. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-1-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of 0 0 0

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15512

HEALTH DEPARTMENT—CITY OF BALTIMORE

15512

CERTIFICATE OF DEATH

139-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf St. 13-S Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Thelma Alrich

(a) Residence: No. 3100 Chestnut Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton L. Alrich

6. DATE OF BIRTH (month, day, year) Dec 24 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Leese

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Spicer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clifton L. Alrich.
(Address) 3100 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Apr 6, 1938

19. UNDERTAKER Chenowith Son.
(Address) 3615-17 Chestnut Ave.

20. FILED APR 5 - 1938 Registrar.

Remains to Hillsdale, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to April 3, 1938.

I last saw her alive on April 3, 1938. Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3-29-38
Other contributory causes of importance:	
Peritonitis	4-1-38
Circulatory collapse	4-1-38

Was an operation performed? Yes Date of operation Feb 25, 1938

For what disease or injury? 1. Intestinal obstruction 2. Carcinoma of rectum

Name of operation 1. Resection & colostomy 2. Colostomy

What test confirmed diagnosis Clin. & Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45513 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 45513

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3636 Paine St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary F. Sherrer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3636 Paine St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob M. Sherrer

6. DATE OF BIRTH (month, day, year) June 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME William Staton.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Jacob M. Sherrer.

(Address) 3467 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampden April 5, 1938

19. UNDERTAKER Thos. Wetherston Sons

(Address) 3615 Chestnut Ave

20. FILED ..... 19 ..... Registrar.

APR 5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938, to April 3rd, 1938

I last saw her alive on April 2, 1938. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory paralysis	11 days
Right Hemiplegia	
Due Intercranial Hemorrhage	
Other contributory causes of importance: Hypostatic Pneumonia	2 days

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) J. K. Clift, M. D.

(Address) 1011 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H 15514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15514

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert McGonigle

If U. S. Veteran specify WAR .....

(a) Residence: No. 439 No. Kenwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 20 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert McGonigle

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Viola Graf

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Robert McGonigle

(Address) 439 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 6 19 38

19. UNDERTAKER Philip Herrig Son

(Address) 2016 Eutaw St

20. FILED ..... 19 ..... Registrar.

APR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to April 4, 1938

I last saw h. alive on April 4, 1938 Death is said to have occurred on the date stated above, at 10:10 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	March 22
Empyema	March 27
Pulmonary Edema	April 4
Toxic Paralytic Ileus	April 3

Other contributory causes of importance:

Anemia (Gen.)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morton Harvin Epielman M.D.

(Address) Sinai Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

45515

HEALTH DEPARTMENT—CITY OF BALTIMORE

45515

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4820 Frederick Ave 28-4 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry Keller

If U. S. Veteran specify WAR .....

(a) Residence: No. 4820 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa A. Keller

6. DATE OF BIRTH (month, day, year) June 3, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs Painter

10. Date deceased last worked at this occupation (month and year) Dec 37

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Keller Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Fred. L. Keller

(Address) 4820 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 6 1938

19. UNDERTAKER F. B. Tippett & Son

(Address) 1300 Eutaw Place

20. FILED DEC 8 - 1938 ..... Registrar.

Pennington Printing Co., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to Dec 2 1938

I last saw h. alive on Dec 2 1938 Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 Wk
Pulmonary Edema	24 hrs
Other contributory causes of importance	
Cerebral Thrombosis	12 yrs
Hemiplegia	10 yrs

Was an operation performed? — Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Kahn M. D.

(Address) 2071 W. Fayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45516

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — COK-- 23300 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-t Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Phelps — If U. S. Veteran specify WAR

(a) Residence: No. 410 Burns Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 4-2-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Apr 5 1938

19. UNDERTAKER J. B. Neptune & Son (Address) 2200 East Lee Place

20. FILED 19 Registrar.

APR 5 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 10:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4-2-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15517

CERTIFICATE OF DEATH

F 45517

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 N. Gilmore St. 16-2 Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy A Patterson

If U. S. Veteran specify WAR

(a) Residence: No. 921 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaiah

6. DATE OF BIRTH (month, day, year) 11 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	- 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Isaiah Patterson (Address) 921 N. Gilmore

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 4/6 38

19. UNDERTAKER Williams & Jackson (Address) 916 Pennsa

20. FILED APR 5 - 1938 Huntington, Williams, & Gilbert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to Apr 3, 1938

I last saw her alive on Apr 2, 1938 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease 7 yrs

Date of onset

Other contributory causes of importance: Et Lanatum

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Hughes

(Address) 1413 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 45518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 32 58 (MS) F 45518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17 - 3 Ward) Registered No. 323

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 723 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 10/30/~~1885~~ 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~52~~ 57	~~52~~	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Lyles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Florence Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md Date Apr. 8 38

19. UNDERTAKER Mrs. Francis A. Hemsley
(Address) 578 W. Saddle St

FILED APR 5 - 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 4, 1938

I last saw her alive on April 4, 1938. Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-28-38
Other contributory causes of importance	
	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautille M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45519

CERTIFICATE OF DEATH

#119 F 45519

1. PLACE OF DEATH Bon Secours Hosp

Registered No.

CITY OF BALTIMORE: (No. ... St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judith Anna Jones

If U.S. Veteran specify WAR None

(a) Residence: No. 1014 Overbrook Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 3/19/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harold C. Mones

14. BIRTHPLACE (city or town) (State or country) Farrell Penna.

MOTHER

15. MAIDEN NAME Anna Belle Goodwin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harold C. Jones (Father)

(Address) 1014 Overbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Presbyterian Cem. Govans Date Apr. 5-38

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) 108 W. NORTH AVE.

20. FILED APR 5 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/19/ 1938 to 4/4/ 1938

I last saw her alive on 4/4/ 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Gastro enteritis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marck M. D.

(Address) Bon Secours Hosp

F 15520 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15520

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 10-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lawnia Carr

(a) Residence: No. 1210 N Edeen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham Co Va

FATHER

13. NAME Wiley Carr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susie Gregory

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Virginia Carter

(Address) 1210 N Edeen St

18. BURIAL, CREMATION, OR REMOVAL

Place Buckingham Co. Va Date April 6 1938

19. UNDERTAKER Robert E Williams

(Address) 1515 McCulloh St

20. FILED APR 5 - 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1938

22. I HEREBY CERTIFY, That I [illegible] the remains described above, [illegible] Autopsy or Inquest, [illegible] from the evidence obtained by [illegible] (Inquest, Autopsy or Inquiry) [illegible] that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: about Mar 30/38

Lobar Pneumonia (Primary)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Allen M. D.

(Address) 50 Pleasant St

V S 6

INSTRUCTIONS: BEFORE ANSWERING ITEMS, READ CAREFULLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45521

CERTIFICATE OF DEATH

V/117-E 45521

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Eden St. 5-1 (Ward))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Webb

If U. S. Veteran specify WAR

(a) Residence: No. 411 N. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora

6. DATE OF BIRTH (month, day, year) Nov. 20, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Webb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Henson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elenora Webb

(Address) 411 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park Date 4/6 1938

19. UNDERTAKER Dent & Locke

(Address) 1352 Pulaski St.

20. FILED APR 5 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31 1938 to April 2 1938

I last saw h alive on April 2, 1938 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric ulcer	April 2, '38
& Peritonitis Immediate	
Other contributory causes of importance:	
Gastric ulcer	14 yr.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. Young M. D.

(Address) 1424 E Monument St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15522 HEALTH DEPARTMENT—CITY OF BALTIMORE 15522

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 400 N Eden St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Smith Johnson

(a) Residence: No. 400 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years 74 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saffron Walden Essex

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Old Persons Bureau

(Address) 327 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date April 6 1938

19. UNDERTAKER Joseph F. Locke, Jr.

(Address) 1302 Jefferson St.

APR 5 - 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon, and from the evidence (Inquest, Autopsy or Inquiry)

died on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis about 4 yrs	1934
	38

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Keller M. D.

(Address) 508 Cathedral St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

45523 HEALTH DEPARTMENT—CITY OF BALTIMORE B 15523

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 16-4 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M Williams

If U. S. Veteran specify WAR

(a) Residence: No. 607 N. Pulaski St., Ward 5-S-213-10-0555
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Marie Williams

6. DATE OF BIRTH (month, day, year) May 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6D	54	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman & Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year) January 1938

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert D. Williams

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Mollie Jenkins

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mrs. Marie Williams
(Address) 607 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Apr. 6 1938

19. UNDERTAKER D. T. Cameron
(Address) 1002 E. Baltimore St.

20. FILED APR 5 - 1938 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1938 to Apr. 4, 1938

I last saw him alive on Apr. 4 1938 Death is said to have occurred on the date stated above, at 4 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 3 '38
Other contributory causes of importance: Hypertension	1931

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert E. Rubenstein M. D.

(Address) St. Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45524

F 45524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Livingston St., 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rosella Redding (Rosella Redding)

(a) Residence: No. 5006 Livingston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Redding

6. DATE OF BIRTH (month, day, year) June 16, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William McElroy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Bliss

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Robert H. Redding

(Address) 5006 Livingston St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakview Cem Date April 5th 38

19. UNDERTAKER C. Tramontozzi

(Address) 1803 N. Caroline St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 years

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Kraus M. D.

Coroner

(Address) 100 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

APR 8 1938

F 45525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45525

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital) St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Leonard Kulachi
If U. S. Veteran specify WAR

(a) Residence: No. 806 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Teresa Kulachi

6. DATE OF BIRTH (month, day, year) April 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) Apr. 1938
11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Sepnica Poland.

FATHER
13. NAME Ignace Kulachi
14. BIRTHPLACE (city or town) (State or country) Dembica Poland

MOTHER
15. MAIDEN NAME Tekla Borek
16. BIRTHPLACE (city or town) (State or country) Dembica Poland

17. INFORMANT Mrs. Teresa Kulachi
(Address) 806 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date April 7, 38

19. UNDERTAKER M. F. Sadowski Sons
(Address) 1808 Eastern Ave

20. FILED APR 5 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-38, 19, to 4-3-38, 19

I last saw h. alive on 4-3-38, 19. Death is said to have occurred on the date stated above, at 6:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma of Stomach Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas B Marsh, M. D.
(Address) Bon Secours Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

45526 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

345 53aF 45526

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10 Ward 2

Length of residence in city or town where death occurred Lwb yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Mc Daniels — If U. S. Veteran specify WAR .....

(a) Residence: No. 927 Sterling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6-16-06

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Norman Johnson

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Hattie Brown

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Apr. 7 1938

19. UNDERTAKER Eloy O Wilson
(Address) 1000 Brantly ave

20. FILED APR 5 1938 Huntington Willard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1938 to 4-4 1938

I last saw her alive on 4-4 1938 Death is said to have occurred on the date stated above, at 7 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Nephrosclerosis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas N. Brem, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45527

45527 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45527

CERTIFICATE OF DEATH

50 31518 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Smith

(a) Residence: No. 2123 Walbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 6-8-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Jane Linforth

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date April 7 1938

19. UNDERTAKER Charles G. Black
(Address) 742 W. North Ave.

APR 5 - 1938 Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1938 to 4-4, 1938

I last saw her alive on 4-4 1938. Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	Unknown
Broncho pneumonia	3-27-38

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45528 — CERTIFICATE OF DEATH — 23 F 45528

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTO., MD. Registered No.

CITY OF BALTIMORE: (No.) St. 2252 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Royster — If U. S. Veteran specify WAR World War

(a) Residence: No. 535 West Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	Married -

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Hargood

6. DATE OF BIRTH (month, day, year) January 10, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford, N. C.

FATHER

13. NAME Henry Royster

14. BIRTHPLACE (city or town) (State or country) Oxford, N.C.

MOTHER

15. MAIDEN NAME Lisa Royster

16. BIRTHPLACE (city or town) (State or country) Oxford, N.C.

17. INFORMANT Records-U.S.Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Date April 6, 38

19. UNDERTAKER Mrs Katie R Williams (Address) 2222 N Schroeder St Huntington Williams, Mgr

20. FILED APR 5 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 19 38

22. I HEREBY CERTIFY, That I attended deceased from March 31, 19 38, to April 4, 19 38

I last saw h in alive on April 4, 19 38. Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced.	Oct. '34
Tuberculosis of pleura, suppurating.	Oct. '37
Other contributory causes of importance: Hemorrhage, pulmonary	3/30/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L K Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45529 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45529

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Bay View St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Dilahunan Sampson If U. S. Veteran specify WAR

(a) Residence: No. 125 Casper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of George Sampson

6. DATE OF BIRTH (month, day, year) Aug 11-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Pease

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT George Sampson (Address) 125 Casper St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Zion Date April 5, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 Schroeder St.

20. FILED APR 5 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	4 yrs
Other contributory causes of importance: Chronic Myocarditis, Hypertension	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Caroline St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 4

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45530 CERTIFICATE OF DEATH 48 F 45530

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N Fayette St. 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Hebron

(a) Residence: No. 947 N Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of William Hebron

6. DATE OF BIRTH (month, day, year) July 5, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) December 1937

11. Total time (years) spent in this occupation 15 or 20

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Joseph Tyler

14. BIRTHPLACE (city or town) (State or country) Howard County Md

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Lillian Walker

(Address) 947 N Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 7, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 N Desoto St.

20. Filed APR 5 - 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.2.38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3.15.38, 19, to 4.2.38, 19

I last saw her alive on 4.2.38, 19. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus and stomach	about 3.15.38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Kerr M. D.

(Address) 400 N Carrollton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45531

CERTIFICATE OF DEATH

COK--27987 340-275

F 45531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Daisy Monroe

(a) Residence: No. 654 W. Mulberry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-11-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	47	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Benson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Fisher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 8, 38

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED APR 5 - 1938 Katie R. Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1937 to 4-4 1938

I last saw her alive on 4-3 1938 Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis left knee joint	Unknown

Other contributory causes of importance

Was an operation performed? Yes Date of 11-17-37.

For what disease or injury? Tuberculosis Knee Joint

Name of operation Hibbs Fusion Knee Joint

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L K Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15532

HEALTH DEPARTMENT—CITY OF BALTIMORE

15532

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Fulton Ave 46-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Martha Copes

If U. S. Veteran specify WAR .....

(a) Residence: No. 720 N. Fulton Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Miles M. Copes.

6. DATE OF BIRTH (month, day, year): Apr. 6, 1865

7. AGE: Years 72 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year): D

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Perrymans Md.

FATHER

13. NAME: Sellers

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Mrs. P. Newberry

(Address) 720 N. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Co. Date: Apr 5, 1938

19. UNDERTAKER: Chas. Tuckerson

(Address) North & Pa ave.

20. FILED ..... 19..... Registrar

APR 5 - 1938 Huntington Millard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to Apr 3rd, 1938

I last saw her alive on Apr 2nd, 1938. Death is said to have occurred on the date stated above, at 1:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis.	3/31/38
Other contributory causes of importance:	
Chronic Myocarditis	2 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Carroll M. D.

(Address) 1706 E. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15533 15533

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Home for Incurables

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 13-7 Ward)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Woodward Cloud

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	5-4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Writer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Daniel Cloud

14. BIRTHPLACE (city or town) (State or country) Front Royal Virginia

MOTHER

15. MAIDEN NAME M. Sonies Woodward

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Home for Incurable records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Apr 6 1938

19. UNDERTAKER C. W. Tackett & Sons

(Address) North & Pa Aves.

20. FILED ..... 19... Registrar.

APR 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938, to April 4th, 1938.

I last saw h. alive on April 4th, 1938. Death is said to have occurred on the date stated above, at 9.57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis with Paralysis Agitans	1925
Hypertensive Arteriosclerotic Cardio-Vascular Disease	1925
Other contributory causes of importance: Terminal Bronchial Pneumonia	1938

Was an operation performed? Not Applicable If so, what date? .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Applicable Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Counsman M. D.

(Address) 11 E. Chase St. 11

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45534

F 45534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1963 N. Collington Ave. St. E. 7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Howard Butler Smith

(a) Residence: No. 1963 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen E. Smith

6. DATE OF BIRTH (month, day, year) October 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis J. Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Foster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Helen E. Smith
(Address) 1963 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 5, 1938

19. UNDERTAKER Wm. J. Tuckner & Son
(Address) Nath. & Pulaski

20. FILED 19 Registrar

5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45535

CERTIFICATE OF DEATH

92-a F 45535

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Cliftview Ave. St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Alexine Wells Rollison

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Cliftview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Rollison

6. DATE OF BIRTH (month, day, year) Sept. 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME John E. Evans

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Mary Gant

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Samuel H. Rollison
(Address) 1602 Cliftview Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Apr. 5, 38

19. UNDERTAKER L. Howard Strong
(Address) 715 Light St.

20. FILED APR 5 1938 H. Leighton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to Apr 4 1938

I last saw h[illegible] alive on Apr 4 1938 at 4.45 a. m. Death is said to have occurred on the date stated above, at ....a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria and coma -	?
Cerebral hemorrhage	Apr 3 -
Other contributory causes of importance:	
Acute pulmonary edema	1 day,

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, state

(Signed) Rhu Stuhrenberg M. D.

(Address) 4116 Northern Parkway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45536 F 45536

CERTIFICATE OF DEATH

131

Registered No. 8-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N. Luzerne Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joanna Grooms

(a) Residence: No. 1336 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Grooms

6. DATE OF BIRTH (month, day, year) May 12, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn, Md.

FATHER

13. NAME Purnell E. Reddish

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Burnett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harry Beste

(Address) Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Apr. 6, 38

19. UNDERTAKER C. Howard Strong

(Address) 715 Light St.

20. FILED Apr 5 - 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938 to April 3, 1938

I last saw her alive on April 3, 1938 Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1yr.
Arterial hypertension	5 yrs.
Chronic Interstitial nephritis	2 yrs.
Aortic insufficiency	2 yrs.
Other contributory causes of importance: Cardiac Dilatation and Uraemia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Albert Eisenberg M. D.

(Address) 2025 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 45537

F 45537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Harbor

CITY OF BALTIMORE: (No. foot of Broadway St., 2-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Kangas

(a) Residence: No. 105 Shakespeare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Lucas Kangas

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 5 - 1938

19. UNDERTAKER Per K. S. Keyser
(Address)

20. FILED APR 5 1938 Hamilton Wilson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury March 4, 1938

Where did injury occur? Bath House
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Foot of Broadway

Manner of injury Jumped Overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. E. Wood M. D.
Coroner

(Address) 111 N. Gay St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45538

HEALTH DEPARTMENT—CITY OF BALTIMORE 45538

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 E. Baud St., 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pete Picca

If U. S. Veteran specify WAR

(a) Residence: No. 550 E. Baud St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) America

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 5 - 1938

Undertaker

19. UNDERTAKER Par M. A. Moore

(Address) Huntington Williams Mortician

APR 5 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3 days
Arteriosclerosis	years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. E. Ford M. D.

Coroner

(Address) 1712 N. Baud

V S 6

(1938) F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45539

CERTIFICATE OF DEATH

18826--RHW

34-J-92-D

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 830 Bradley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
famale	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 8/6/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Marion Marshall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 5 - 1938

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED ... Registrar.

APR 5 - 1938

8929 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to March 28, 1938

I last saw h... alive on March 28, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-25-38
Other contributory causes of importance:	
Cerebral Thrombosis	1937

Was an operation performed? No Date of Over

For what disease or injury?

Name of operation Clinical? What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45540

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rea

If U. S. Veteran specify WAR

(a) Residence: No. 5 N Exeter St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto City Police Force

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place UNIVERSITY MEDICAL SCHOOL APR 5 - 1938 Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

APR 5 - 1938 Huntington Williams, M.D. Registrar

V S 6

5923 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Autopsy) thereon and from the evidence obtained by said Inquest (Inquest or Autopsy) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward L. Brady M. D.

(Address) 1331 E. Monument Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-95-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 15-3 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Lingan

If U. S. Veteran specify WAR —

(a) Residence: No. 718 Warwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Widowed)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Klase

6. DATE OF BIRTH (month, day, year) July 9, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Company

10. Date deceased last worked at this occupation (month and year) January 30, 1938

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Churchville, Harford Co. Maryland

FATHER

13. NAME Edward Dennis Lingan

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Mary Jane Wright

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT George J. Pruett
(Address) 1718 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 7, 1938

19. UNDERTAKER Walter Brooks, Bradley
(Address) 1922 or Northern Pky

20. FILED APR 5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to April 4, 1938

I last saw h— alive on April 4, 1938. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular disease	7
Carcinoma of bladder	7
Cystitis	7
Other contributory causes of importance:	
Intermittent Gangrene of foot	7 yrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — —

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Eckman M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45542

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2512 Keyworth ave. 15-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Hamburger Sachs

If U. S. Veteran specify WAR

(a) Residence: No. 2512 Keyworth ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Henry

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Manuel Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Nathan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Melvin Hess

(Address) 2512 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Cemetery Date April 6 38

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 W North ave

20. FILED ~~APR 5 1938~~ Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 4, 1938

I last saw her alive on April 3, 1938. Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 31, 1938
Other contributory cause of importance: Arteriosclerotic Cardio-Vascular renal disease	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph A. Blum M. D.

(Address) 1206 E. Preston St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 5 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45543

CERTIFICATE OF DEATH

23

Registered No. 6-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Bradford St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jean M. Holland

(a) Residence: No. 124 N. Bradford St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie Holland

6. DATE OF BIRTH (month, day, year) Oct. 9-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Holland

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jamie Thorn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jamie Holland

(Address) 124 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 6-38 19

19. UNDERTAKER John A. Miller

(Address) 2332 Eastern Ave.

APR 5 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. ..., 19 37 to April 3, 1938

I last saw h... alive on April 2, 1938. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. F. Leary Co M. D.

(Address) 1000 E. Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

Attention Witness

F 45544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45544

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 186-a

CITY OF BALTIMORE: (No. [illegible] St., 6-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Lawrence Bach

(a) Residence: No. 416 N. Port St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Nov. 2 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Bach

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Merling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Lawrence Bach 416 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date 4/7 1918

19. UNDERTAKER John A. Miller (Address) 2324 Jefferson St

[illegible] 4/5 1918 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1918

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	3 days
Fracture Cervical Vertebrae	3 days
Other contributory causes of importance: Carcinoma of back	[illegible]

Was an operation performed? [illegible] Date of [illegible]

For what disease or injury? Carcinoma

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury April 4, 1918

Where did injury occur? Inland, Fracture (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Brick Yard

Manner of injury fell in hole in platform

Nature of injury Fracture Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 111 N. Gay St.

V S 6

F 45545

F 45545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 23

CITY OF BALTIMORE: (No. Bay View St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR to Record

2. FULL NAME Eleanor Leip

(a) Residence: No. 801 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 - 882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Presbury Reif

14. BIRTHPLACE (city or town) (State or country) Germany not known

MOTHER

15. MAIDEN NAME Martha E. Dutee

16. BIRTHPLACE (city or town) (State or country) Germany not known

17. INFORMANT Sister Reif
(Address) 801 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6th 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED APR 6 - 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Ulcerative Endocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. T. Wood Coroner M. D.

(Address) 1711 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45546

CERTIFICATE OF DEATH

J 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Watts

If U. S. Veteran specify WAR .....

(a) Residence: No. 1209 W Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Watts

6. DATE OF BIRTH (month, day, year) 3.5.1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmon Waters Co Md

FATHER

13. NAME Ernest Watts

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Carrie Lee

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Ray Watts

(Address) 726 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Harmond Sta Date 4/6 19 38

19. UNDERTAKER Walter D. Scriven

(Address) 134 W Lanvale St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4.2.38, 19..... to 4.3., 19 38

I last saw h(er)(im) alive on 4.3. 19 38 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Insufficiency	1
Abscess of Brain, Staphylococcus	4 1 38
Meningo encephalitis syphilitic	1925

Other contributory causes of importance:

None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 213 Marlen St

APR 6 - 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should carefully supply. AGE should be stated EXACTLY.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45547

CERTIFICATE OF DEATH

59 F 45547

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Rosecroft Terrace St., 20-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie F. Bauer

If U. S. Veteran specify WAR

(a) Residence: No. 438 Rosecroft Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Lieberkuehn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Conrad Bauer, (Brother)

(Address) 438 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 6, 19 38

19. UNDERTAKER Harry A. Cuthbert

(Address) 4101 Edmondson Ave.

20. FILED APR 6 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to April 3, 1938

I last saw her alive on April 3, 1938 Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	1934
Arterio-sclerosis	1932
Chronic Interstitial Nephritis	1932
~~Uremia~~ Cerebral Hemorrhage	April 3, 1938.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Rep. examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) [illegible] M. D.

(Address) 2224 W. [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V8 2

F 45548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45548

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ronald S. Young

(a) Residence: No. 1350 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 2	2 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Edward Young

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bertina Jennings

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Bertina Young

(Address) 1350 N. Calhoun St

18. BURIAL, CREMATION OR REMOVAL

Place Mt Zion Date April 6 19 38

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED APR 6 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis of Lungs	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. P. 1268-9

F 45549

F 45549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 8-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie C. Smith

(a) Residence: No. 1669 Cliftview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Smith

6. DATE OF BIRTH (month, day, year): Nov. 27, 1898

7. AGE: Years 39 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltr. Md.

FATHER

13. NAME: Geo C. Raabe

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Ann Dignan

16. BIRTHPLACE (city or town) (State or country): Cal.

17. INFORMANT: William H. Smith

(Address) 1669 Cliftview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4/7, 38

19. UNDERTAKER: Leonard J. Cook

(Address) 5305 Harford Ave

20. FILED [illegible] Registrar.

APR 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-4-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-27-38, 19 to 4-4-38, 19

I last saw her alive on 4-4-38, 19 Death is said to have occurred on the date stated above, at 11 33 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Paralytic Ileus ?
Small intestine ?
" " 3-29-38

Other contributory causes of importance:

Supra Vaginal Hysterectomy

Name of operation: Supra Vaginal Hysterectomy Date of: 3-28-38

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Da Vagha M. D.

(Address) Franklin Square Hosp.

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45550

CERTIFICATE OF DEATH

F 45550

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Park Heights Ave (Hospital, Institution) (Ward) 27-18

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward S. Rodgers

(a) Residence: No. 3507 Harwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Rodgers.

6. DATE OF BIRTH (month, day, year) Feb 25 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Father

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Adam S. Rodgers

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ? Ginger

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ella Rodgers

(Address) 3507 Harwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Harrisonburg, Va Date April 7, 1938

19. UNDERTAKER Rhrough & Son.

(Address) 2415-17 Pleasant Ave.

APR 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoralis	4/5/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Marano M. D.
Coroner

(Address) Coroner.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45551

CERTIFICATE OF DEATH

F 45551

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 175a

CITY OF BALTIMORE: (No. Bay Line St., 8-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin L. McDonald — If U. S. Veteran specify WAR

(a) Residence: No. 1717 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary McDonald

6. DATE OF BIRTH (month, day, year): June 10 - 96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unascertained
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mabel Cox
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mary McDonald (Husband)
(Address) 1717 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvery Date Oct 6 1932

19. UNDERTAKER: Telfort Gross
(Address) 1708 Ashland ave

FILED OCT 6 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	Sept 3 1932
Other contributory causes of importance: Chronic Endocarditis	Sept 1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1112 N. Gay St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 8

F 45552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c F 45552

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 St., Ward)

Length of residence in city or town where death occurred ?? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry M. Nonn

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ruth Pomroy

6. DATE OF BIRTH (month, day, year) 28 May - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63 - 62 -	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Peter Nonn

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Mary Euer

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus, Sup. (Address) Little Sisters of the Poor - city

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date April 7 - 38

19. UNDERTAKER: Rita Wiedefeld (Address) 717 Greenmount Ave

20. FILED APR 6 - 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to Apr 6 1938

I last saw h.. alive on Apr 1 1938. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Other contributory causes of importance: Cesthenia	3 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Carter M. D.

(Address) 11 E Madison St

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15553

HEALTH DEPARTMENT—CITY OF BALTIMORE 15553

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen 5 to 2 Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Katherine Hagens

If U. S. Veteran specify WAR

(a) Residence: No. 424 N. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single), Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 21 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STENOGRAPHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

FATHER

13. NAME James C. Hagens

14. BIRTHPLACE (city or town) (State or country) BALTIMORE

MOTHER

15. MAIDEN NAME Mary Keogh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J. Hagens

(Address) 424 Exeter St.

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Cem. DATE APR 6 1938

19. UNDERTAKER Elmer W. Conklin & Son

(Address) 924 Fulton St.

20. FILED APR 6 - 1938 19... Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 6 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 24, 1938 to APRIL 6, 1938

I last saw her alive on APRIL 6 1938. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
RUPTURED APPENDICITIS	
& GENERALIZED	3-24
PERITONITIS	
Other contributory causes of importance:	

Was an operation performed? YES Date of MARCH 24

For what disease or injury? APPENDIX

Name of operation DRAINAGE OF PERITONEUM

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Walter Lenn M. D.

(Address) WBGH

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45554

CERTIFICATE OF DEATH 29601 (MB) F 45554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-46 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lloyd McCormick

If U. S. Veteran specify WAR. No Record.

(a) Residence: No. 600 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 12/5/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John (d)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. Gunnok (d)

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Ft. Lincoln Cemetery Date 4-7-38

19. UNDERTAKER The Cook Co.
(Address) 1211 N. Gay St.

APR 6 - 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1938 to 4-5 1938

I last saw him alive on 4-4 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pancreas with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-21-38

For what disease or injury?

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kerbaugh Jr. M. D.

(Address) Balto. City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45555 34360⁸

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45555

CERTIFICATE OF DEATH

V 46-9 3853

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F McCauley

If U. S. Veteran specify WAR

(a) Residence: No. 2722 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu

6. DATE OF BIRTH (month, day, year): 6-16-88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: GOVERNMENT. NAVY

10. Date deceased last worked at this occupation (month and year): 2/7/38

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Vernon McCauley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Reagan

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date APRIL 8TH 1938

19. UNDERTAKER: C. RAYMOND KAUFMAN
(Address) 927 LEEDS AVENUE

20. FILED APR 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): apr 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from mar 26, 1938, to apr 5, 1938

I last saw h[illegible] alive on apr 5, 1938. Death is said to have occurred on the date stated above, at 2⁵⁵ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. peritoneal Sarcoma	Mar 1938

Other contributory causes of importance:

none

Was an operation performed? yes Date of Mar 31, 1938

For what disease or injury? Rt. peritoneal Sarcoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify how

(Signed) Frank J. Odenwald M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 45556

F 45556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. (Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Smith

(a) Residence: No. 1704 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob T. Smith

6. DATE OF BIRTH (month, day, year) April 26-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Bugle Laundry

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Chilcoat

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimor Md

17. INFORMANT Webster Smith Son

(Address) 2436 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkton Md Date April 8. 1938

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Wolfe St.

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28 1938 to Apr. 5 1938

I last saw her alive on Apr. 5 1938 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of rt. knee	1937
& pulmonary metastasis	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. T. Balthazar M. D.

(Address) D. T. Balthazar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 6

F 15557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15557

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Kistner

If U. S. Veteran specify WAR

(a) Residence: No. 425 Calvin Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Kistner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Edna L. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George H. Kistner (Father)

(Address) 425 Calvin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date April 7 1938

19. UNDERTAKER Lilly & Zeiler (NC)

(Address) 403 S. Wolfe St.

20. FILED ... 19... Registrar

APR 8 1938 Huntington Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1938 to 4-4 1938

I last saw h[illegible] alive on 4-4 1938 Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. I. Lisansky M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 45558 F. S.—100 Blks.

45558

F 45558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Ridgely St ST., 21-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sophia K. High

(a) RESIDENCE NO. 1133 Ridgely ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John R. High

6 DATE OF BIRTH (month, day, and year) Aug 2, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gustav Feudt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Daughter. Mrs Rose Wassenlow

Informant

(Address) 2805 Presstman St

15 Filed APR 6 1938 APR 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 April 1938

17 I HEREBY CERTIFY, That I attended deceased from 10 Jan, 1938, to 5 April, 1938, that I last saw her alive on 4 April, 1938 and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) H Lawrence Wheeler M. D.

5 Apr 1938 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL APR 8 1938 19

20 UNDERTAKER Geo W Little

ADDRESS 2709 EDMONDSON AVE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 15559 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15559

CERTIFICATE OF DEATH

149-B-54-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Mackins
If U. S. Veteran specify WAR .....

(a) Residence: No. 1025 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colred	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Meekins

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	24			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Red Springs N.C.

FATHER
13. NAME Archie Liles
14. BIRTHPLACE (city or town) (State or country) Halnet N.C.

MOTHER
15. MAIDEN NAME Mary York
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Adolph Meekins
(Address) 1025 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hamlet, N.C. Date April 7, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroder St.

20. FILED APR 6 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to April 4, 1938
I last saw h[er] alive on April 4, 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Pneumonia pulmonary embolism	1938
Ruptured Fistula,	1938
Extra genital Location	1938
Other contributory causes of importance (Con)	

Was an operation performed? Yes Date of 4/2/38
For what disease or injury? Ruptured uterus, Extra Location
Name of operation Evacuation & Ext
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. J. Walthall Jr. M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Marguerite M. Lerch ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45560

45560

CERTIFICATE OF DEATH

Registered No. 608

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2515 St. Paul St. 12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marguerite M. Lerch

(a) Residence: No. 2515 St. Paul St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles S. Lerch

6. DATE OF BIRTH (month, day, year) Nov. 18, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Martin J. Sullin

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Heaphy

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Charles S. Lerch (Address) 2515 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Date 4/8 1938

19. UNDERTAKER Henry H. Meeks Son (Address) 503 N. Calvert St.

20. FILED APR 8 - 1938 Hunting for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to April 5, 1938.

I last saw h alive on April 5, 1938 Death is said to have occurred on the date stated above, at 10:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	April 5/38.
Other contributory causes of importance: Lobar Pneumonia	March 13/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. Athey M. D.

(Address) 2504 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 8 - 1938

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45561

CERTIFICATE OF DEATH

F 45561

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-5 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Merle S Truitt

(a) Residence: No. 3613 Fairbarn ave, Brooklyn, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced (or) WIFE of Howard T. Truitt.

6. DATE OF BIRTH (month, day, year) Sept 18-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) march 15 38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmons, A A Co. Md

FATHER

13. NAME Chester M Shipley

14. BIRTHPLACE (city or town) (State or country) Harmons A A. Co. Md

MOTHER

15. MAIDEN NAME Annie Humphreys.

16. BIRTHPLACE (city or town) (State or country) Severn, Md

17. INFORMANT (Address) Howard T. Truitt 3613 Fairbarn ave Brklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Friendship dale Date April 7 38

19. UNDERTAKER (Address) Thos W. Singleton Elkton, Md

APR 6 - 1938 Huntingdon Baltimore Md

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) April 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Infection (Post Partum) (Spontaneous Rupture of Placenta)	?

Other contributory causes of importance:

Broncho-pneumonia, Myocardial Insufficiency

Was an operation performed? yes Date of march 16 38

For what disease or injury? Suspected intra-abdominal abscess

Name of operation Hysterectomy, Left Salpingectomy Date of 3/16/38

What test confirmed diagnosis operative findings Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D. Coroner

(Address) 360 Eutaw place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 45562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45562

3501 N Charles

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave St., 7-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth T Howard

If U. S. Veteran specify WAR

(a) Residence: No. 4301 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Johnston Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Jay

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Marie White
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 4/7 1938

19. UNDERTAKER Joyce & Farley
(Address) Fulton & Lafayette

Filed APR 8 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22 1938 to April 5 1938

I last saw h Co alive on April 5 1938 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Arterio Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas L Shearer M. D.

(Address) 3501 N Charles St

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45563

CERTIFICATE OF DEATH

X 49-a

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL Registered No. 2

CITY OF BALTIMORE: (No. ... St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MISS JESSIE G. AZAR If U. S. Veteran specify WAR

(a) Residence: No. 104 PROSPECT PARK WEST St., BROOKLYN, N.Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. M. Makin
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Syria

FATHER
13. NAME George Azar
14. BIRTHPLACE (city or town) (State or country) Syria

MOTHER
15. MAIDEN NAME Asma Kullin
16. BIRTHPLACE (city or town) (State or country) Syria

17. INFORMANT James H. Azar (Address) Birmingham Ala

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk Va. Date Apr. 7 38

19. UNDERTAKER (Address) Shwartzschild Bros 1700 Eutaw Place

20. FILED ... Registrar

R 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 23, 1938 to 4/5, 1938

I last saw her alive on 4/5, 1938. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ADENOCARCINOMA OF OVARY BILATERAL	?
Other contributory causes of importance: ASCITES	?

Was an operation performed? YES Date of MARCH 23, 1938
For what disease or injury? SAME
Name of operation PARACENTESIS OF ABDOMEN
What test confirmed diagnosis? BIOPSY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) S. D. Gurdal M.D.
(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 15564

HEALTH DEPARTMENT—CITY OF BALTIMORE

15564

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH Old Women's Home — Registered No. 19-3

CITY OF BALTIMORE: (No. 1404 W. Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary V. Lawrence — If U. S. Veteran specify WAR

(a) Residence: No. 1404 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Lawrence

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza R. Litchfield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth T. Cox
(Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Savage Md. Date April 7 1938

19. UNDERTAKER J. Warren Keehner
(Address) 2301 Edmondson Ave

20. FILED Huntington Williams, Jr. Registrar.
Apr 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4- 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1929 to April 4 1938

I last saw her alive on April 4 1938 Death is said to have occurred on the date stated above, at 10 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	8 years ago
Terminal bronchopneumonia	5 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis clinical methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frankel. Smith, Jr. M. D.

(Address) 1014 St. Paul Street.

H

45565 F 45565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 31963 (MB) 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Stocek

(a) Residence: No. 505 N. Madeira St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stocek

6. DATE OF BIRTH (month, day, year) 8/20/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ~~Unknown~~ Frank Stocek

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 8 1938

19. UNDERTAKER Frank Brach & Son
(Address) 1906 Garland Av

20. FILED APR 8 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1938 to 4-5, 1938

I last saw him alive on 4-5, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema of gall bladder	3-25-38
Broncho pneumonia	4-1-38
Post operative evisceration	4-3-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/26 & 4/3/38

For what disease or injury? (1) Empyema gall bladder (2) Evisceration

Name of operation (1) Cholecystotomy (2) Repair Evisceration

What test confirmed diagnosis? Surgery Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 45566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45565

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucille Dolch

If U. S. Veteran specify WAR

(a) Residence: No. 1143 Ridgely St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilmer Dolch

6. DATE OF BIRTH (month, day, year) January 13 - 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William C. A. Hassell

14. BIRTHPLACE (city or town) (State or country) Saba D.W.I.

MOTHER

15. MAIDEN NAME Julia A Gamble

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wilmer Dolch

(Address) 1143 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date April 9 1938

19. UNDERTAKER Maggart & Flynn

(Address) 207 N. Gilmor St

20. FILED ..... 19.....

APR 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1. 1938 to April 6. 1938

I last saw her alive on April 6. 1938. Death is said to have occurred on the date stated above, at 11-25 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 30
Streptococcus hemolyticus septicaemia	April 1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George H Dann M. D.

(Address) Maryland Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 45567 Gornall

F 45567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 W. North Av St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Rose Steen Gornall

(a) Residence: No. 2931 W North Av St., _____ Ward. _____ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Wm Gornall

6. DATE OF BIRTH (month, day, year) February 1- 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas A. Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Reiley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos Moore (brother)

(Address) 2823 W Lafayette Av

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date April 8th 1938

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 N. Gilmor St

20. FILED _____ 19___ _____ Registrar.

APR 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to April 5 1938

I last saw he alive on April 4 1938 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus.	1 min
Hypertension arteriosclerosis	2 mo
Other contributory causes of importance:	
Mitral Regurgitation	2 mo
Chr Pulmonary nephritis	2 yrs

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation No Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thos. F A Storms M. D.

(Address) 2878 Stanford Rd

OCCUPATION is very important. See instructions on back of certificate.

45568 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45568

CERTIFICATE OF DEATH

CCK--29579 Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11 - W Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Hyatt

(a) Residence: No. 416 N. Hoffman St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl

6. DATE OF BIRTH (month, day, year) 9-26-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	31	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Susan Ann Hooker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hanover Va. Date April 9 1938

19. UNDERTAKER Adolphus Halstead
(Address) 711 Druid Hill Ave.

Date of Filing APR 7 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1938 to 4-4 1938

I last saw her alive on 4-4 1938. Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Potts disease of cervical vertebra with compression of cord	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 2-8-38

For what disease or injury?

Name of operation Application of cast

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edwood Ward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 45569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45569

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Wilkens Ave. St. 19-4 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Mundhenk

(a) Residence: No. 1805 Wilkens Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Barbara (nee Burggraf)

6. DATE OF BIRTH (month, day, year) April 1, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mundhenk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Mundhenk, (Son)
(Address) 1805 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 7, 19 38

19. UNDERTAKER Henry H. Luthe
(Address) 4101 Edmondson Ave.

20. FILED APR 7 - 1938 19 ... Wm. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937 to April 4, 1938

I last saw him alive on April 4, 1938 Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	4 yrs 2 yrs
Other contributory causes of importance: Cerebral hemorrhage	1 day

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Miller M. D.

(Address) 30 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

F 45570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45570

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospt St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia N. Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 2846 Harlem Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William N. Morgan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Dorothy L. Eitze

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. W. N. Morgan (Address) 2846 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 4/7/ 1938

19. UNDERTAKER John J. Cowan & Son (Address) 901 Fulton St.

20. FILED 19 Registrar

APR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	10d

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Martin Hanna M. D.

(Address) 8 W. Baltimore Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15571

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward) 243

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Moon

(a) Residence: No. 109 E. Hamburg St. St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-14-38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
22 days		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leonard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4/7 19[illegible]

19. UNDERTAKER Margaret L Flynn
(Address) 2607 N Fulton Ave

20. FILED APR 7 - 1938 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April March 14 1938 to April 6, 1938

I last saw h[illegible] alive on April 6, 1938 Death is said to have occurred on the date stated above, at 3.07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIARRHOEA, acute (ENTERO-colitis)	
Other contributory causes of importance: PREMATURITY	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvine Fradkin M. D.

(Address) B. C. H.

DUPLICATE

DUPLICATE

DUPLICATE

45572

3.4245-D

HEALTH DEPARTMENT—CITY OF BALTIMORE

45572

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ St., 7-5 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 1 mos 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Floyd Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 4493 - 16th St. St., ____ Ward. Arlington - Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) 11/14/96

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
71	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Floyd McClellan

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Fannie Moffett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Reads. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Sheridan Va Date Apr. 7 1938

19. UNDERTAKER John A. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED APR 7 - 1938 Registrar Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1938 to April 6, 1938

I last saw ____ alive on April 6, 1938 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Meningitis — Date of onset 3-28-38

Other contributory causes of importance:

Cerebellopontine Angle Tumor with postoperative Rhinorrhoea — 1936

Was an operation performed? Yes Date of May, 1937

For what disease or injury? Tumor

Name of operation Removal Tumor

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

45578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45573

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Ralph L. Kercheval

If U. S. Veteran specify WAR

(a) Residence: No. Oakland Maryland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Ruth F Kercheval

6. DATE OF BIRTH (month, day, year) Aug 12, 1904

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
33	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME George H. Kercheval

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Ella Robinson

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Dr. Thra Kercheval

(Address) Kingwood West Virginia

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland. Md Date 4/7/38

19. UNDERTAKER Henry Hoech & Sons Inc.

(Address) 1301 E. Eager St

20. FILED ... 19 ... Registrar

APR 7 - 1938 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4th. 1938 to April 7th 1938

I last saw him alive on April 7th 1938. Death is said to have occurred on the date stated above, at 7:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	20 yrs
Recent onset	4 Months
Other contributory causes of importance	
Uremia	3 Months
Thrombocytichaemia Hemorrhage	5 days

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank A Price M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of the CAUSES OF DEATH in plain terms, so that it may be properly classified.

Di Stefano.

F 15574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15574

V 145-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun Sts. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S Di Stefano

(a) Residence: No. 5109 York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine (Geppi)

6. DATE OF BIRTH (month, day, year) 9/8/1890

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	47	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Luigi Di Stefano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna (Di Paula)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Josephine Di Stefano

(Address) 5109 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/9/38, 19

19. UNDERTAKER Geo. H. Dieffenbach & Sons

(Address) 4128 Harford Ave

20. FILED 4/9 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1938, to 4/6, 1938

I last saw him alive on 4/6, 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Post operative shock — Date of onset

Other contributory causes of importance:

Sarcoma of the lower jaw

Name of operation Excision of Jaw Date of 4/6/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Ignazio Medical Arts Bldg M. D.

(Address)

S 3

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15575 93-2 F 15575

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1929 Brunt St. 14-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Johnson

(a) Residence: No. 1929 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Johnson

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (1937)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME ? Fahn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Johnson

(Address) 1313 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date April 8th 38

19. UNDERTAKER Elroy D Wilson Brantley as

(Address) 1600

APR 7 - 1938

Huntington Williams & Co

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 5 1938
Chronic Nephritis	about Jan 1 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 E Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 15576

F 15576

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2464 Lake Ave Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth 76 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abram D. Carmel

(a) Residence: No. 242 S. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Wool)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Morris J. Carmel

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Milton Hasserman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sherwood Gdns Date 4-9-38

19. UNDERTAKER Jos. L. Levy & Sons Inc.

(Address) 1-139 E Baltimore St

20. FILED APR 7 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-38

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938 to April 6 1938

I last saw him alive on April 4 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Asthma. Rachitic deformed chest.	over

Other contributory causes of importance

Was an operation performed? — No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Morris G. Price M. D.

(Address) 118 Biscayne St

OCCUPATION is very important. See instructions on back of certificate.

V 0 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45577

F 45577

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W.B. Hosp. (St.) 15-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Sugarman

(a) Residence: No. 1531 No. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Anna Sugarman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Sugarman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) David Kuhn 1531 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Hmyng Date Sun 4-7- 38

19. UNDERTAKER (Address) Jack Kahn Inc 1439 E. Baltimore St

20. FILED APR 7 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-28 . 1938 to 4-6 . 1938

I last saw him alive on 4-6 . 1938 Death is said to have occurred on the date stated above, at 9258 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ruptured Appendix	2-28-38
(2) Lung Abscess sequel	3-7-38
(3) Empyema	3-29-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-28-38

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton Levin M. D.

(Address) W B & H

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified.

F 3 14031 / 45578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-38 F 45578

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-S Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Fagan

(a) Residence: No. 231 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Grofsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unascia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Prudale Date 4-7-38

19. UNDERTAKER Jack Lowe Inc
(Address) 1439 E Baltimore

20. FILED APR 7 - 1938 H. E. Tipton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to April 6, 1938
I last saw her alive on April 6, 1938. Death is said to have occurred on the date stated above, at 7:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 5th
Other contributory causes of importance: Hypertension	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Walter B. Buck, M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

45579

CERTIFICATE OF DEATH 107-T 45579

1. PLACE OF DEATH — CGK--31579 — Registered No. ____

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME George Watts — If U. S. Veteran specify WAR

(a) Residence: No. 1919 Eastern Ave. St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Watts

6. DATE OF BIRTH (month, day, year): May 28, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Portable engineer

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: William Watts

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Susana Sewell

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn Cem. Date Apr. 7. 1938

19. UNDERTAKER: HENRY SANDER & SONS. INC. Henry J. Sander
(Address) Baltimore & Broadway.

APR 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1938 to 4-5, 1938

I last saw him alive on 4-4, 1938 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess right hip	unknown
Septicemia	unknown
Bronchopneumonia	unknown

Other contributory causes of importance: none

Was an operation performed? Yes Date of 3-16-38

For what disease or injury? Abscess hip

Name of operation Incision & drainage

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

45580 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45580

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6811 Fait Ave St. 36-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Lindgren

(a) Residence: No. 6811 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Lindgren

6. DATE OF BIRTH (month, day, year) Oct. 7- 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Mr. Loppila

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT David Lindgren
(Address) 6811 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Apr. 8. 1938

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. J. Sander
(Address) Baltimore & Broadway

FILED APR 8 1938 H. Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 25 19 31 to April 4 19 38

I last saw h alive on April 4 19 38 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prior Pneumonia	3/25-31
Other contributory causes of importance: Acute Dilatation of Heart	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupatinn of deceased?
If so, specify

(Signed) Wm. J. Schnitzler M. D.

(Address) 3224 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

V 0 3

Della Viola

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45581 — CERTIFICATE OF DEATH — 82-a F 45581

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Eden St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonio Della Viola — If U. S. Veteran specify WAR .....

(a) Residence: No. 425 S. Eden St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sabe Maria Michela

6. DATE OF BIRTH (month, day, year) Aug 31-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vasto Marmone Italy

FATHER

13. NAME Donato Della viola

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grazia Di Vilmo

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Michele Baccala, (Son-in-law)

(Address) 425 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date April 9 1938

19. UNDERTAKER Frank Dalley & Son

(Address) 52 N. Morley St.

APR 7 - 1938

20. Filed ..... Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 1938 to April 5 1938

I last saw him alive on April 4 1938. Death is said to have occurred on the date stated above, at 11-15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Exhaustion	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luigi S Di Stefano M.D.

(Address) 407 S. Exeter St

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15582

CERTIFICATE OF DEATH

34-D-9 W

F 15582

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Street) 20-3 (Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

10 U. S. Veteran (Specify WAR) ?

2. FULL NAME Calvin Swank – (Calvin Swank)

(a) Residence: No. 1914 1904 (Usual place of abode) Lemmon St., Ward. Balto.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Swank

6. DATE OF BIRTH (month, day, year) Dec 11 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Fred. Swank

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rimmie ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Swank

(Address) 1904 Lemmon Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 7-38

19. UNDERTAKER Jos. F. B. Tippett & Son

(Address) 500 Eutaw St.

APR 7 - 1938

Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1938 to 4/4 1938

I last saw him alive on 4/4 1938. Death is said to have occurred on the date stated above, at 8¹⁵ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease & aortic regurgitation	1921

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? W & R Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 45583

HEALTH DEPARTMENT—CITY OF BALTIMORE 15583

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-7 St., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Laura Virginia Isaac (Laura Virginia Isaac)

(a) Residence: No. 3329 Gwynns Falls Pkwy City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or WIFE of) Tilghman I. Isaac.

6. DATE OF BIRTH (month, day, year) March 24th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County, Md.

FATHER

13. NAME William Stringer

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

MOTHER

15. MAIDEN NAME Susan Fowler

16. BIRTHPLACE (city or town) (State or country) A. A. County Md.

17. INFORMANT T. C. Isaac. (Husband)
(Address) 3329 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date April 9th '38

19. UNDERTAKER J. Fletcher Lee & Co.
(Address) Forty Fountain

20. FILED APR 7 - 1938 Thurston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 6, 1938.

I last saw her alive on April 6, 1938. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (streptococcic)	4-3-38 (A)

Other contributory causes of importance:

Otitis media, right.

Was an operation performed? Yes Date of 3/30/38

For what disease or injury? Nasal polyp

Name of operation Removal of nasal polyp

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Dunn, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 45584

F 45584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Franklintown Rd. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. life mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Fay Livingston Dobbin

(a) Residence: No. 832 Franklintown Rd. St. ___ Ward. ___

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 10 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	33	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartlett- Hayward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Edward Dobbin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Daisy Gallion

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. Daisy Hunck

(Address) 832 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Cem Date April 6 1938

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Fulton Ave.

20. FILED Apr 7 - 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to April 3 1938

I last saw h[illegible] alive on April 5 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Myocardial Failure	
Other contributory causes of importance: Ruptured Appendix with Cutaneous Fistula Tract	1937

Was an operation performed? Yes Date of Ruptured Appendix April 22, 1937

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) D Watley Spurrier M.D.

(Address) 3603 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

15585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45585

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 W. Franklin St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Levi Leighton

(a) Residence: No. 1126 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Leighton

6. DATE OF BIRTH (month, day, year) July 1886

7. AGE: Years 51 | Months 8 | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) March 20 | 11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Denton Md

FATHER

13. NAME Levi Leighton

14. BIRTHPLACE (city or town) (State or country) Denton Md

MOTHER

15. MAIDEN NAME Hewett ?

16. BIRTHPLACE (city or town) (State or country) Denton Md

17. INFORMANT Cora Leighton

(Address) 1126 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 9, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED APR 7 - 1938 Katie R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to April 6, 1938

I last saw him alive on April 6, 1938 Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

(a) Obstructive Jaundice — Date of onset March 25 '38

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Watts M. D.

(Address) 515 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

45586 ✓ E 45586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Canterbury Rd St., 42-1 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Patterson Betts

(a) Residence: No. 3902 Canterbury Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Clement H. Betts

6. DATE OF BIRTH (month, day, year) May 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Liverpool England

FATHER

13. NAME Geo F. Patterson

14. BIRTHPLACE (city or town) (State or country) Bristol England

MOTHER

15. MAIDEN NAME Mary F. Thorpe

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Robt. D. Carter

(Address) 3902 Canterbury Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 8 19 38

19. UNDERTAKER Henry H. Kenney & Sons

(Address) N. Carlton & Oakland Ave

20. FILED ... 19... ... Registrar.

April 9 1938 H. Eugene Hollyday M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to April 6, 1938

I last saw h.e alive on April 5, 1938 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	1925

Other contributory causes of importance:

Cerebral hemorrhage	3/30/38
Bronchopneumonia	4/5/38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Wilmer Brook M. D.

(Address) 104 W. Madison St

15587 F 15587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 7-2 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME WARNER AMES

If U. S. Veteran specify WAR ....

(a) Residence: No. ● St., ... Ward. ONANCOCK, VA.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances Ames

6. DATE OF BIRTH (month, day, year) Mar 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Mr. Richard T. Ames

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Grace Heath

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Union Mem. Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Onancock, Va. Date Apr. 9 1938

19. UNDERTAKER Wm. T. Trigg & Sons

(Address) Northampton Va.

20. FILED Apr 9 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to April 7, 1938

I last saw him alive on April 7, 1938 Death is said to have occurred on the date stated above, at 10:17 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE CARDIO VASCULAR	
RENAL DISEASE.	7
CEREBRAL ARTERIOSCLEROSIS	1
Other contributory causes of importance:	
CEREBRAL ACCIDENT (HEMORRHAGE OR THROMBOSIS)	3 days

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..., 19...

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of Injury ....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ....

(Signed) S. D. Sunday, M. D.

(Address) Onancock, Virginia

OCCUPATION is very important. See instructions on back of certificate.

F 15588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15588

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., 2 2nd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Jones
If U. S. Veteran specify WAR

(a) Residence: No. 5 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Linwood Jones

6. DATE OF BIRTH (month, day, year) April 8-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
13. NAME Mary Adams
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
15. MAIDEN NAME Ella Strickland
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Linwood Jones (Husband)
(Address) 5 W. Montgomery

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 9 1938

19. UNDERTAKER Isaiah R Brown Son
(Address) 1884 Montgomery St

20. FILED APR 7 - 1938, 19 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2 months
Diabetic Coma	2 days
	Some time

Other contributory causes of importance: Coronary Thrombosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 711 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45589

CERTIFICATE OF DEATH

93 C F 45589

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Stoltzroth St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ann Zeller

If U. S. Veteran specify WAR

(a) Residence: No. 1529 Stoltzroth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis W. Zeller

6. DATE OF BIRTH (month, day, year) Feb 4 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Buechner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Pressler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gonzalez

(Address) 1529 Stoltzroth St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 8 1938

19. UNDERTAKER Rita Weichold

(Address) 1 E Centre St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937 to April 5, 1938

I last saw h.er alive on April 5, 1938 Death is said to have occurred on the date stated above, at ... m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irene C. Wolfe M. D.

(Address) 1331 Monroe Ave

OCCUPATION is very important. See instructions on back of certificate.

344037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45590

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

89-B F 45590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Gresham St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 5 mon. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Singleton

If U. S. Veteran specify WAR .....

(a) Residence: No. 414 Gresham Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/24/81

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
56	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mezick Travis

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Emma Frye

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date 4/8/38 19

19. UNDERTAKER J. F. Fitz Gerald (Address) 130 E. Fort Ave.

Registered APR 5 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 5 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4 . 1938 to 4-5 . 1938

I last saw her alive on 4-5 1938 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus type III Meningitis	4-3-38
Pneumococcus III Septicaemia	
Other contributory causes of importance:	
Acute appendicitis.	3-14-38
(1) Pregnancy	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas N. Burn M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 45591 STATE OF MARYLAND—CERTIFICATE OF DEATH F 45591

1. PLACE OF DEATH

Registration Dist. No. 93-C

County

Village or City Baltimore Md. No. 2134 W. North Ave. Ward 15th

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME GRASON JACOB FIBOR

(a) Residence: No. 2134 WEST NORTH AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Vansant

6. DATE OF BIRTH (month, day, and year) Nov. 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk (Thompson Restaurant)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Fibor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Kane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. G. Fibor

(Address) 2134 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 4/8 1938

19. UNDERTAKER John J. Fahey & Sons

(Address) 1310 Light St.

APR 7 - 1938 19 Filed Registrar Wilbur L. Tilghman

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH APRIL (Month) 5 (Day), 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from MARCH 13, 1938, to APRIL 5, 1938

I last saw him alive on APRIL 5, 1938, death is said to have occurred on the date stated above, at 9.55 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
INFLUENZA	March 28
Other Contributory Causes of importance: ACUTE CARDIAC DILATATION	APR. 5.
MYOCARDITIS.	1935

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 8 Eat Read St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 45592

45592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 N. Mathews St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. McCoy

If U. S. Veteran specify WAR

(a) Residence: No. 2321 N. Mathews Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. McCoy

6. DATE OF BIRTH (month, day, year) Oct. 26 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	72	5	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00-7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md.

FATHER

13. NAME Jacob B. Metzel

14. BIRTHPLACE (city or town) (State or country) York Co Pa.

MOTHER

15. MAIDEN NAME Alice A. Brooks

16. BIRTHPLACE (city or town) (State or country) York Co Pa.

17. INFORMANT Wm J Metzel

(Address) Glendon

18. BURIAL, CREMATION, OR REMOVAL Place Fawn Grove Friends Cem. Pa. Date April 9 1938

19. UNDERTAKER J. F. Elmer & Sons

(Address) Westminster Md

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937 to April 6 1938

I last saw her alive on April 5 1938. Death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1937
Hypertension	1937
Other contributory causes of importance:	
Gall stones	1927

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billings M. D.

(Address) 222 W. Main St

OCCUPATION is very important. See instructions on back of certificate.

15593

HEALTH DEPARTMENT—CITY OF BALTIMORE

15593

CERTIFICATE OF DEATH

X 157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin Delano Ahalt

If U. S. Veteran specify WAR

(a) Residence: No. Hagerstown, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 27, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME Mr. John H. Ahalt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mrs Florence Caymode

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT (Address) John H. Ahalt Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Md Date Apr 9 38

19. UNDERTAKER (Address) Fred W. Kraiss Hagerstown Md.

20. FILED 7-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1938 to April 6 1938

I last saw him alive on April 6 1938. Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Glottis	4/6/38.
Other contributory causes of importance: Repair of Cleft Palate	4/6/38.

Was an operation performed? Yes Date of 4/6/38

For what disease or injury? Cleft Palate

Name of operation Repair of cleft palate

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Gilman M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15594 — 15594

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Okun

(a) Residence: No. 2028 E. Baltimore St., Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Sidney

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Mallory

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Sophie Zuker

(Address) 2028 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Holmes Rosedale Date 4/8 1938

19. UNDERTAKER Sol Garmon Bros

(Address) 112 N Howard

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1938 to 4/7 1938

I last saw her alive on 4/7 1938. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension, arteriosclerotic cardio-vascular disease — Date of onset 5 yrs

Other contributory causes of importance:

Acute suppurative parotitis — 4 2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Stanley Bank, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

45595 E 45595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH 3612 Dunmore oak ave (Home) Registered No.

CITY OF BALTIMORE: (No. Baltimore md St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Halliday

(a) Residence: No. 3612 Dunmore oakave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Lula Halliday

6. DATE OF BIRTH (month, day, year): July 27/1878

7. AGE: Years 59 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year): Sept 1937

11. Total time (years) spent in this occupation: 1 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William J Holliday

14. BIRTHPLACE (city or town) (State or country): London England

MOTHER

15. MAIDEN NAME: Mary E Tabler

16. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

17. INFORMANT (Address): Caroline Louise Holliday 3612 Dunmore oak ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem Date: Apl 9 1938

19. UNDERTAKER (Address): Harry R Armacost 4204 Ridgewood ave

20. FILED: Apr 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-25 1937 to April 6 1938

I last saw him alive on 4-6 1938. Death is said to have occurred on the date stated above, at 6:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic heart disease & hypertension	9-25-37
Other contributory causes of importance: Hypostatic Pneumonia	4-5-38

Name of operation None Date of

What test confirmed diagnosis? X Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. T. Chance M. D.

(Address) 4205 Liberty Hts

OCCUPATION is very important. See instructions on back of certificate. Last statement of

-1938

Spec.—2-29-28—L. F. S.—500 Bks.

45596 F 45596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Kennedy Ave St. 9-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Viola Blick Lippy

(a) RESIDENCE NO. 2019 Kennedy Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C Edw Lippy

6 DATE OF BIRTH (month, day, and year) May 29-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. H.W. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Theo H Dopp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant C. Edw. Lippy

(Address) 2019 Kennedy Ave.

15 [illegible] 7-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6/38

17 I HEREBY CERTIFY, That I attended deceased from 10/9/37 to 4/6/38

that I last saw h[illegible] alive on 4/6/38

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal vascular disease

(duration) since 10/9/37 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) since 4/4/38 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) George A Bowden M. D.

4/7/1938 (Address) 1512 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Apr 8 1938

20 UNDERTAKER E. C. Tipton

ADDRESS Pimlico

F 45597

F 45597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Lauretta Ave. 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Pauline M Armiger

(a) Residence: No. 2713 Lauretta Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Sing le

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 4 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sidney Armiger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Rice

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Grace Armiger
(Address) 2713 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date 4/8 38

19. UNDERTAKER Frank A Fleming
(Address) Fifteen & Fayette

20. FILED APR 8 - 1938 Washington Notary Public

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11 1936 to April 5 1938

I last saw her alive on April 5 1938 Death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	6-11-36
Other contributory causes of importance	

Was an operation performed? / Date of .....

For what disease or injury? /

Name of operation /

What test confirmed diagnosis? / Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ....., 19

Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D Buberl M. D.

(Address) 4863 Park Heights Ave

Instructions: Fill in all items. Important. See instructions on back of certificate.

F 45598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45598

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucile Johnson

(a) Residence: No. Pasadena, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-11 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14		26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pasadena, Md.
(State or country)

FATHER

13. NAME Geo. Johnson

14. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Ordelia Brooks

16. BIRTHPLACE (city or town) Pasadena
(State or country) Md.

17. INFORMANT Cordelia Johnson
(Address) Pasadena, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Tor Date 4/10 19 38

19. UNDERTAKER William A. Jackson
(Address) 916 Lemmon St. Baltimore, Md.

20. FILED 4-12-1938 Registrar

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Coroner or Attorney of Inquiry) thereon and from the evidence adduced by said (Coroner or Attorney of Inquiry) And that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Burns of face hands & trunk (1st, 2nd, & 3rd degree) (Gas) — Date of onset: 3 days

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ? 19 38

Where did injury occur? Pasadena, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Unknown

Nature of injury Burns Hands and face

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence O'Neil M. D.

(Address) 1331 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 45599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45599

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Park ave St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Herman Wagner

If U. S. Veteran, specify WAR or Record

(a) Residence: No. 1711 Park ave St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Singl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Meat Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5045

10. Date deceased last worked at this occupation (month and year) 1898

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) York Penna

MOTHER FATHER

13. NAME Jacot Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Adeline Schlemmer

16. BIRTHPLACE (city or town) (State or country) York Penna

17. INFORMANT John A Wagner
(Address) 1711 Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill York Penna Date 4/9 1938

19. UNDERTAKER William Cook
(Address) 1217 St Paul st.

20. FILED 19 Registrar

R 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1937 to April 7, 1938

I last saw him alive on April 7, 1938 Death is said to have occurred on the date stated above, at 8:15 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue — Date of onset Nov, 1937

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sol Smith M. D.

(Address) 1643 Wayford.

OCCUPATION is very important. See instructions on back of certificate.

15600 F 15600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Harlem Ave St. 16-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Marriott

If U. S. Veteran specify WAR .....

(a) Residence: No. 3603 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Wm E Marriott

6. DATE OF BIRTH (month, day, year) July 2, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	67	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James East

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Gray

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Ethel Shurrier
(Address) 3603 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 8 38

19. UNDERTAKER J. Vernon Kelchner
(Address) 230 E. Edmondson Ave

20. FILED ... 19... Registrar

R S - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4 , 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4 , 1938, to Apr 4 , 1938.

I last saw her alive on Apr 4 , 19... Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia fell Sudden	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Lucas M. D.

(Address) 3401 Edmondson Ave

Occupation is very important. See instructions on back of certificate.

M. D. B. 1268-9

45601

HEALTH DEPARTMENT—CITY OF BALTIMORE

45601

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. Carrollton Ave St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Orpha H. Keller

(a) Residence: No. 131 S. Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Keller

6. DATE OF BIRTH (month, day, year) Dec 12th, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Dennis P. Manion

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Johanna Flynn

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mrs Johanna Manion

(Address) 131 S, Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4 / 9 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

APR 8 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to April 7, 1938

I last saw h alive on April 7, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1/1/38

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Yes? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

4/7/38 (Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45602 121 F 45602

CERTIFICATE OF DEATH

CGK--32019

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 27-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Terry

(a) Residence: No. 4107 St. Thomas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert W. TERRY

6. DATE OF BIRTH (month, day, year) Oct. 26, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Macauley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date April 9 1938

19. UNDERTAKER William M. Marech
(Address) 7[illegible] Williams, Md.

20. FILED APR 8 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1938, to 4-6, 1938

I last saw her alive on 4-6-, 1938 Death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with perforation	3-26-38
Fecal peritonitis	3-28-38
Broncho-pneumonia, at	4-2-38

Other contributory causes of importance:

Was an operation performed? yes Date of 3-29-38

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Arantegan M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45603

CERTIFICATE OF DEATH

F 45603

Registered No. 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Bateman Ave. St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth O. McGann

(a) Residence: No. 4013 Bateman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Oct. 7, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME John B. McGann

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Bessie Kenah

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Martha W. Kenah, Church Home & Infermary

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland, Md. Date 4/8/38, 19

19. UNDERTAKER (Address) John O. Mitchell Sons Inc. 1900 Eutaw Place

APR 6 - 1938 19 Hattie to Wilmington, N.C.

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence found that said deceased came to death on the day stated above, at about 11 a.m.,

The principal cause of death and related causes of importance were as follows: Epileptic Spasm

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify.

(Signed) C. Mann M. D.
Coroner

(Address) 1215 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45604 — CERTIFICATE OF DEATH — 13-2 82-9 F 45604

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2119 Callow Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Valenstein — If U. S. Veteran specify WAR

(a) Residence: No. 2119 Callow Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Louis Valenstein

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
70		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia-Poland

FATHER

13. NAME Max Robinson

14. BIRTHPLACE (city or town) (State or country) Russia-Poland

MOTHER

15. MAIDEN NAME Ochel —

16. BIRTHPLACE (city or town) (State or country) Russia Poland

17. INFORMANT Louis Valenstein
(Address) 2119 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave Date 4-8- 19 38

19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Baer St

20. Filed APR 8 - 1938, 19 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to April 8 1938

I last saw h.. alive on April 7 1938 Death is said to have occurred on the date stated above, at 12.5A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset April 5, 38

Other contributory causes of importance:

Hypertension

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Ex. — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Adolph Shorr M. D.

(Address) Medical Arts Building

V 0 2

8

24386 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45605

CERTIFICATE OF DEATH

107-af 45605

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma Kunnecke — If U. S. Veteran specify WAR

(a) Residence: No. 153 N. Patterson St., 21st Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wallace

6. DATE OF BIRTH (month, day, year) 3/8/04

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 11 1938

19. UNDERTAKER Lilly & Zeiler Inc (Address) 403 E. Wolfe St.

Filed APR 8 1938 Registrar. Williamson, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to April 7, 1938

I last saw h.. alive on April 7, 1938 Death is said to have occurred on the date stated above, at 9:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar. 31, 1938
Blood dyscrasia	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B. Burch, M. D.

(Address) John Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45606 — CERTIFICATE OF DEATH — 126 F 45606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Lewis Apts St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Rebecca Mc Cruden

If U. S. Veteran specify WAR

(a) Residence: No. 4636 Park Mall Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James M. McCruden

6. DATE OF BIRTH (month, day, year) March 12, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seaford Del.

FATHER

13. NAME James S. Boyce

14. BIRTHPLACE (city or town) (State or country) Concord Del.

MOTHER

15. MAIDEN NAME Annie Lucas

16. BIRTHPLACE (city or town) (State or country) Milford Del.

17. INFORMANT Mrs. Sallie D. Drummond

(Address) 1005 W. 7th St., Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date APR 9 38

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED Arlington Williams Registrar

APR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938 to April 5, 1938

I last saw her alive on April 5, 1938. Death is said to have occurred on the date stated above, at 8.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	6 mo
Chronic Myocarditis	5

Other contributory causes of importance:

Was an operation performed? Yes Date of March 28 38

For what disease or injury? Stone in Common bile duct

Name of operation Cholecystostomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Pedersen M. D.

(Address) St Agnes Hospital

F 45607

45607 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 147 W. Montgomery St. 22-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie I Harris
If U. S. Veteran specify WAR

(a) Residence: No. 647 W Montgomery St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Harris

6. DATE OF BIRTH (month, day, year): June 1-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER
13. NAME: Pat Liggons
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Mainday Shorts
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mattie Caldwell
(Address) 147 W Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary. Date 4/10/38 19

19. UNDERTAKER: J J Brown & Son
(Address) 108 N Montgomery St

20. FILED APR 8 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938 to Apr 6, 1938
I last saw h. alive on Apr 4 1938 Death is said to have occurred on the date stated above, at 1.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Lobar	Mar 13
Other contributory causes of importance:	38
	Coal

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W H Carmel M. D.
109 (Address) W Lexington St

OCCUPATION is very important. See instructions on back of certificate.

45608 F 45608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital. Registered No. 159

CITY OF BALTIMORE: (No. 33rd & Calvert St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ratynski If U. S. Veteran specify WAR

(a) Residence: No. ~~1434~~ Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-1-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam F. Ratynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Lena Sanpec

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam F. Ratynski (Address) 1638 Locust St. City.

18. BURIAL, CREMATION, OR REMOVAL Place Garcia Mem Hosp. Date ... 19...

19. UNDERTAKER (Address)

20. FILED ... Registrar. Fort Williams, ND

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1- 1938 to 4-2 1938

I last saw him alive on 4-2 1938. Death is said to have occurred on the date stated above, at 8:32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 31 weeks.	4-1-38

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chapman H. Cawley M. D.

(Address) Union Memorial Hospital

F 45609

45609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Eutaw St. 11-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Levenberry

If U. S. Veteran specify WAR

(a) Residence: No. 1016 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Levenberry.

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norristown Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Marguite Murray (daughter)

(Address) 1016 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/9 1938

19. UNDERTAKER Frances A Hensley

(Address) 378 W Biddle St

20. FILED 19 Registrar

APR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938 to April 6 1938

I last saw him alive on April 5 1938 Death is said to have occurred on the date stated above, at 4 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma of Pelvis	3 mos.
	over

Other contributory causes of importance:

general malnutrition

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) 147 E Lexington St.

45610 E 45610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital Ward 4 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Maria Taylor
(a) Residence: No. (Catonsville Md) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Taylor
6. DATE OF BIRTH (month, day, year) Jan 1st 1884
7. AGE: Years 54 Months 2 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER
13. NAME Adam Fuller
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Elizabeth Long
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry L Taylor husband
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Western Star Date 4/10. 1938

19. UNDERTAKER Mrs Samuel J Kemp Jr
(Address) 578 N Biddle St

20. FILED APR 8 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (Inquest, Autopsy or Inquiry) death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

1) Diabetes ? Adult
Cardiac Vascular Renal 1) Diseases 1 yr

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 45611

45611 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Guilford St. V2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 66 yrs. 4 mos. da.

2. FULL NAME Jane Elizabeth Williams

If U. S. Veteran specify WAR None

(a) Residence: No. 2723 Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Nov-30-1871

7. AGE: Years 66; Months 4; Days 7; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Music

10. Date deceased last worked at this occupation (month and year): about 1934

11. Total time (years) spent in this occupation: 35 yrs.

12. BIRTHPLACE (city or town) (State or country): Sparta Virginia

FATHER

13. NAME: Richard E. Williams

14. BIRTHPLACE (city or town) (State or country): Essex Co. Va.

MOTHER

15. MAIDEN NAME: Florence Broaddus

16. BIRTHPLACE (city or town) (State or country): Sparta Va.

17. INFORMANT: Mrs Ada Shuster (friend)

(Address) 2723 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 9 1938

19. UNDERTAKER: Wilson & Moore Company

(Address) 108 W. Mulberry St.

20. FILED ..... 19.. Registrar. Williams

APR 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to April 6 1938

I last saw h.. alive on April 6 1938. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Mitral Insufficiency	Endocard
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Brady M. D.

(Address) 140 S Paca St

45612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45612

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gunway Apts St. 12-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 1 da. How long in U. S. if of foreign birth 80 yrs. 10 mos. 1 da.

2. FULL NAME Ida Blanche Gaither

If U. S. Veteran specify WAR NONE

(a) Residence: No. Gunway Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry C. Gaither

6. DATE OF BIRTH (month, day, year): June 6 1857

7. AGE: Years 80 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Alonzo Bruce

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: could not ascertain

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr. Frank B. Gaither (son)

(Address): 108 Millbrook Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Apr 9 1938

19. UNDERTAKER: Howard Myers.

(Address): 1808 Eutaw Place.

20. FILED ..... 19..... Registrar.

APR 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to April 7, 1938

I last saw her alive on April 7, 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	6
Myocardditis	Recent
Arteriosclerosis	
Senile Changes	2 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Bosley M. D.

(Address) 140 W. Park Pl.

45613

HEALTH DEPARTMENT—CITY OF BALTIMORE 45613

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 St Paul St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 11 da. How long in U. S. If of foreign birth 61 yrs 8 mos 11 da.

2. FULL NAME Albion James Corning

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 4102 St Paul St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Hannah Barclay Corning

6. DATE OF BIRTH (month, day, year): July 27 1876

7. AGE: Years 61 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pubbs & Corning

10. Date deceased last worked at this occupation (month and year): April 1 1938

11. Total time (years) spent in this occupation: 42 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Albion J. Corning

14. BIRTHPLACE (city or town) (State or country): Gilford Harford Co. Md.

MOTHER

15. MAIDEN NAME: Phebe Woodside

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT: Mrs. Hannah B. Corning (wife)
(Address) 4102 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Friedfield Date: April 1938

19. UNDERTAKER: Edward Mowen Company
(Address) Pikesville Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to April 7 1938

I last saw him alive on April 7 1938 Death is said to have occurred on the date stated above, at 8 40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	
b	
c	
d	

Other contributory causes of importance: Generalized Arterial Sclerosis, Hypertension

Was an operation performed? NO Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank H. Forsyth M. D.

(Address) 3047 St Paul St

V 6 8

F 45614

F 45614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Brer. Dené Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Donald Lee

(a) Residence: No. Monkton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 29, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkton Md

FATHER

13. NAME Roger Lee

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Baker

16. BIRTHPLACE (city or town) (State or country) ~~Virginia~~ Md

17. INFORMANT Roger W. Lee
(Address) Monkton, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Stablerville Md Date April 9 1938

19. UNDERTAKER P. Markland Long
(Address) White Hall Md

20. FILED 8-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to April 8, 1938

I last saw him alive on April 8, 1938. Death is said to have occurred on the date stated above, at 6.15 A. m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 3-26-38
Malnutrition

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Melvin Lewis M. D.
(Address) WBYH

15615 HEALTH DEPARTMENT—CITY OF BALTIMORE 15615

CERTIFICATE OF DEATH V 107-a

1. PLACE OF DEATH CCK--32169 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26 40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gamble If U. S. Veteran specify WAR no

(a) Residence: No. 3303 Nobel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Steven

6. DATE OF BIRTH (month, day, year) Jan 27, 1847

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
91	91	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wilson Winter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Abie Rice

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 4/14/38 19

19. UNDERTAKER Geo. D. Ruth Son
(Address) 1705 Harford Ave

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 2 . 1938 to 4 - 7 . 1938

I last saw her alive on 4 - 6 . 1938 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis both legs	before 4-2-38
Broncho pneumonia	4-5-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw Woodward Jr. M. D.

(Address) Balto City Hosp

38 - 1938 H

45616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45616

CERTIFICATE OF DEATH

3156--hw

46-B

24-4

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Kasko

If U. S. Veteran specify WAR .....

(a) Residence: No. 1822 Belt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 8- 1938
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED 8- 1938 [illegible] Registrar.
8- 1938 A.M. 9:42

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to April 2, 1938

I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1934

For what disease or injury? Carcinoma of stomach

Name of operation Gastro-enterostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

F 45617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34437
F 45617

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Proctor

(a) Residence: No. Gunsides Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/4/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sherman Proctor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Keyes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL APR 8-1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED APR 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1938 to Apr. 1, 1938
I last saw her alive on Apr. 1, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	1938
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James H. Hovland M. D.
(Address) Johns Hopkins Hospital

3343 H

E 45618

45618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Argyle St. 9-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Johnson

(a) Residence: No. 1900 Argyle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 22 '38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Dove

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL APR 8 - 1938
Place JOHNS HOPKINS MEDICAL SCHOOL Date ... 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED Huntington Williams, M.D.
8-1938 39384 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 '38

22. I HEREBY CERTIFY, That I attended deceased from March 22 '38 to March 22 '38, 19...
I last saw h... alive on March 22 '38, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Data of onset

Other contributory causes of importance: Malnutrition

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Wm. A. Lucy, M. D.

(Address) 1420 E. Chase

F 45619

45619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28-L Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles K Bottler

(a) Residence: No. 513 Stamford Rd., Ten Hills St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charlotte Smith Bottler

6. DATE OF BIRTH (month, day, year) Oct 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Merchant

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Conrad Bottler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Zinkann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Charles K Bottler 513 Stamford Rd.

(Address)

18. BURIAL, CREMATION, OR REMOVAL 4/9/38.

Place Lorraine Pk Cemetery Date 19

19. UNDERTAKER Harry H. White

(Address) 401 E. Lanvale St.

20. FILED 8-1938 Huntington Wilkinson, Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me and from Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolfe, M. D. Coroner

(Address) 231 E Monument St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45620 CERTIFICATE OF DEATH √104-B F 45620

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 W. Barre St 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ethel Elizabeth Green

If U. S. Veteran specify WAR

(a) Residence: No. 602 W. Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard Gore

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Bessie Fleaks

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Mrs Bessie Gore

(Address) 612 S. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date April 11th 38

19. UNDERTAKER Clevy Wilson

(Address) 1010 Bentley St

20. FILED 19 Huntington Williams, Mgr

APR 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan pneumonitis	2 wks,
Other contributory causes of importance: Pulmonary Oedema	5 days

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) Michael A. Abrams M. D.

Coroner

(Address) 360 Eutaw Place

INSTRUCTIONS ON BACK OF CERTIFICATE

F 45621

HEALTH DEPARTMENT—CITY OF BALTIMORE

45621

CERTIFICATE OF DEATH

J 34F-95

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rufus Tate.

(a) Residence: No. 1221 Division ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elsie Tate

6. DATE OF BIRTH (month, day, year) March 30 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Linsley Tate.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minnie Broadwood

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Elsie Tate

(Address) 1221 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co Md. Date 4/11 1938

19. UNDERTAKER Frances A Hemsley

(Address) 578 W Biddle St.

20. FILED ..... Registrar.

4-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1938 to April. 8. 1938

I last saw him alive on April. 7 1938 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cardio-Vascular disease with decompensation	??

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry L. Kirsten, M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45622 CERTIFICATE OF DEATH 156 F 45622

1. PLACE OF DEATH ... Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Raymond Dean

(a) Residence: No. 1894 Lanvale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Jan 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Dean

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Kinder

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Irene Kinder (Address) 139 Dawes St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 4/11/38

19. UNDERTAKER Dunward & Remington (Address) 21 W. 23 St.

20. FILED APR 9 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/1938

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1938 to 4-8, 1938

I last saw him alive on 4-8, 1938. Death is said to have occurred on the date stated above, at 1:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus - Dehydration Undernourishment	1

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Lawrence J. Shumanke M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15623 32269 F 15623

CERTIFICATE OF DEATH

F 15623 131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Estelle McGarity

(a) Residence: No. 708 N. Madeira St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JAMES Everett McGARITY

6. DATE OF BIRTH (month, day, year) 12-4-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Diver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Trautweine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT E. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 11. 1938

19. UNDERTAKER William M Mareck
(Address) 715 Leigh St

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6. 1938 to April 7. 1938

I last saw her alive on April 7 1938 Death is said to have occurred on the date stated above, at 7 25 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Cerebral Embolism

Date of onset Autopsy 4-5-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

15624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15624

V 945

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5253 St. Charles Ave. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? 50 yrs. mos. da.

2. FULL NAME Matilda Denk

If U. S. Veteran specify WAR

(a) Residence: No. 5253 St. Charles Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 3, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marlboro Shirt Co

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Dent

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Spitzenberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara B. McDonell

(Address) 5253 St. Charles Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Apr. 9, 1938

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.

20. FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1938

22. I HEREBY CERTIFY, That attended deceased from April 27, 1938 to April 6, 1938

I last saw her alive on April 6, 1938 11:30 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Stenosis	2 yrs
Bronchial Pneumonia	5-6 days

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bact. Examination: NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Tuttle M. D.

(Address) 3902 Greenmount Ave.

F 15625

15625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Eutaw Pl. St. 25-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emilie W. Hughes

(a) Residence: No. 1903 Eutaw Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Hughes

6. DATE OF BIRTH (month, day, year) Oct. 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME M. Pomeroy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edward Hughes

(Address) 1903 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 4-10-38

19. UNDERTAKER Miller & Diffenderffer

(Address) 1913 Pennsylvania Ave.

20. FILED ..... Registrar.

APR 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938, to April 7, 1938

I last saw her alive on April 7, 1938 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio Vascular Disease	?
Cerebral Haemorrhage	3/28/38
Other contributory causes of importance: Pulmonary Edema	3/30/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) C. P. Rostling M. D.

(Address) 2623 Washington Blvd.

✓ F 15626

15626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., 9-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Chambers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1734 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alfred T. Chambers

6. DATE OF BIRTH (month, day, year) May 1 1899.

7. AGE — Years 38 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elm City N.C.

FATHER
13. NAME John Green
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER
15. MAIDEN NAME Carrie Reid
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Powell
(Address) 1734 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6-9- 1938

19. UNDERTAKER Robt. Warren Wilkerson & Wright
(Address) 1810 E Eager St
Registrar Huntington Williams, M.D.

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 , 1938 to Apr 6 , 1938

I last saw her alive on Apr 16 , 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	Unknown

Other contributory causes of importance: Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Bernard Harris M. D.
(Address) 1317 N Caroline

✓ F 45627

45627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hospital (Ward) 11-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Constance Hall

(a) Residence: No. 1324 Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 19 - 1862

7. AGE: Years 75 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: David Hall

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Easterson

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Colburn

(Address) 1324 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Angel Hill Cem Date: 4/10 35

19. UNDERTAKER: Pennington & Son

(Address) Havre de Grace Md

20. FILED 19 Registrar

9-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) Inquest

(Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease — Date of onset 4/8/35

Comminuted Fracture Neck of Femur — Date of onset 1/21/35

Other contributory causes of importance:

Was an operation performed? Put in Cast Date of

For what disease or injury? Fracture Neck of Femur

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury 1-21-1935

Where did injury occur? On Street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Street

Manner of injury Fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D. Coroner

(Address) Coroner

F 45628

45628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2107 Brookfield Ave St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa F. Hanline — If U. S. Veteran specify WAR

(a) Residence: No. 2107 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leon M. Hanline

6. DATE OF BIRTH (month, day, year) Sept. 5, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Frankenstein,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miriam Ullman,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Simon J. Block,
(Address) 2107 Brookfield Ave.

18. BURIAL, [redacted]
Place Har Sinai Cem. Date April 10,38

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. [illegible] Registrar.

1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1938 to April 18 1938

I last saw he alive on April 18 1938 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure (Heart block)	2 days
Other contributory causes of importance: Arteriosclerosis & Myocarditis NW	10 yrs

Was an operation performed? NW Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? NW

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NW If so, specify

(Signed) I. Frederick Leitz M. D.

(Address) Temple Garden Apts.

KAHLERT

45629 HEALTH DEPARTMENT—CITY OF BALTIMORE 45629

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH Church Home & Infirmary 1-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Kahlert

If U. S. Veteran specify WAR

(a) Residence: No. 619 S Decker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Kahlert

6. DATE OF BIRTH (month, day, year) Dec 4-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Adam Kahlert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Batz

16. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

17. INFORMANT Caroline Kahlert

(Address) 619 S. Decker ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn cem. Date April 11 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED APR 9 - 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1935, to 4-6 1935

I last saw him alive on 4-6 1935 Death is said to have occurred on the date stated above, at 8:42 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-18-35

For what disease or injury? Brain Abscess

Name of operation Craniotomy, Rt

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wesley J. Katz M. D.

(Address) Church Home & Inf.

PHYLES ✓ F 45630

F 45630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Keswick St., 13-6 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Phyles

(a) Residence: No. 3429 Keswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Phyles.

6. DATE OF BIRTH (month, day, year) Aug 5 1879

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	58	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Betty Burns
(Address) 3429 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL Woodland Park, Date April 11, 1938

19. UNDERTAKER J. Kenney & Bro Son
(Address) 3615-17 Gelestud Ave.

20. FILED APR 9 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above.

Inq

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4/7/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.
Coroner

(Address) Coroner

M.D.

V 5 0

F 45631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45631

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Holton St St. 18-3 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Gramblitt

(a) Residence: No. 1005 Holton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Gramblitt

6. DATE OF BIRTH (month, day, year) Oct 31, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. W. Gramblitt (Address) 3566 Sawtelle Road

18. BURIAL, CREMATION, OR REMOVAL Date April 9, 1938

Name of cemetery Mt. Olivet Cemetery

19. UNDERTAKER Edmondson & Son (Address) 1 Chestnut Ave

APR 9 1938

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 7, 1938

I last saw him alive on April 6, 1938. Death is said to have occurred on the date stated above, at 1.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-7-38
Other contributory causes of importance:	
generalized arteriosclerosis	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Nathan Rocusin M. D.

(Address) 206 S. Gilmor St.

VS 3

F 45632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45632

CERTIFICATE OF DEATH

53-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Roland Ave 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise B. McLain.

If U. S. Veteran specify WAR

(a) Residence: No. 3917 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) md.

FATHER

13. NAME John E. McLain.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah E. Mascle

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT John F. McLain.
(Address) 4401 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL
Baltimore. Date April 11, 1938

19. UNDERTAKER Chenowith Son.
(Address) 3615-17 Eastern Ave

20. FILED APR 9 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Apr 8, 1938

I last saw her alive on April 7, 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, starting on eye lid and involving eye & Rt. Side	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. M. D.

(Address) 2020 N. Charles

6633

HEALTH DEPARTMENT—CITY OF BALTIMORE 15633

CERTIFICATE OF DEATH

106-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie Nettles

(a) Residence: No. 826 Bloodsoff St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/19/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Paul Nettles

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Paul Nettles
(Address) 826 Bloodsoff St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/9 19 38

19. UNDERTAKER Thomas E. Kelso Co.
(Address) 1303 Pennsylvania Ave

20. FILED APR 8 - 1938 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to April 7, 1938

I last saw h[illegible] alive on April 7, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngo-tracheo-bronchitis	4/5/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/5/38

For what disease or injury? Acute laryngo-tracheo-bronchitis

Name of operation Tracheotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Evan A. Iggo M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

45634

CERTIFICATE OF DEATH

82-a F 45634

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Albert F. Ropka (ROPKA) If U. S. Veteran specify WAR

(a) Residence: No. 5316 Winner Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Repp

6. DATE OF BIRTH (month, day, year) May 25 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Streetcars

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Ropka.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eda Swinner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie ROPKA
(Address) 5316 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL
Md. 4-12 38
Mt. E. Cem. Abingdon

19. UNDERTAKER Mrs Chas A. G. Rohde
(Address) 3367 Edmondson Ave
APR 9 - 1938
FILED ..... 19 ..... Registrar.
Ht. Lot 6 Wilson, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1938 to 4/9 1938

I last saw him alive on 4/8 1938 Death is said to have occurred on the date stated above, at 6:15 Am.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Other contributory causes of importance:

Cerebro Vascular Accident

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Richard H. Pancoast M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15635 — 14028 — 1143 F 15635

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Jones — If U. S. Veteran specify WAR .....

(a) Residence: No. 1730 McCulloh St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Columbus Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Violet Shinn

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Aug 9 1938

19. UNDERTAKER Robt F Wilkinson (Address) 1515 W. Fayette St

20. FILED APR 9 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1938, to 4-5, 1938

I last saw him alive on 4-5, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of neck	4/1/38
Mediastinitis	
Other contributory causes of importance:	
Anemia	

Was an operation performed? yes Date of 4-5-38

For what disease or injury?

Name of operation Tracheotomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter B. Burch, M. D.

(Address) Johns Hopkins

F 45636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45636

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Duncan St. 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Olszewski

(a) Residence: No. 2325 Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7 38

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME James Olszewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Bronislawa Koswiak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Olszewski
(Address) 2325 Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 9th 1938

19. UNDERTAKER Albert A. Weber
(Address) 705 S. Ann St

20. FILED APR 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to April 9, 1938

I last saw him alive on April 8, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Trouble	April 7 38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William Rigaud M. D.

(Address) 612 Cathedral

344014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9 32-a F 15637

Registered No. 15637

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Strexler

(a) Residence: No. 6 35- Cator Ave — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/11/04

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Strexler

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Mary Crowley

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 11 1938

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N Wolfe St

APR 9 - 1938

20. [illegible] Huntington Williams, M.D.
(Embalmer)

Lake

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3 1938 to April 7 1938

I last saw her alive on April 7 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	4/5/38
Congenital aneurysm	4/5/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sarah H. O'Donnell M. D.

(Address) Johns Hopkins Hospital

45638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45638

CERTIFICATE OF DEATH 31962 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-3 Ward)

Registered No. 4663

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Kern

If U. S. Veteran specify WAR

(a) Residence: No. 1912 Aliceann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 12/1/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John (d)

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME M. Jones (d)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date April 12 19 38

19. UNDERTAKER Wendel Undertaking Co

(Address) 1035 Lemmon St

20. FILED APR 9 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938 to April 8, 1938

I last saw him alive on April 8, 1938 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas Contributory	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

Livingston Williams, N.J.

15639 E 15639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth 30 yrs. ---- mos. ---- ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Vyskocil.

(a) Residence: No. Glen Burnie, A.A.Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, XXXXXXXXXXXX (or) WIFE of Louis Vyskocil

6. DATE OF BIRTH (month, day, year) April 22, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Joseph Manacnek.

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Mary ;---------

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Joseph Vyskocil.(fatherinlaw)
(Address) Glen Burnie, A.A.Co.Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/11/38 19

19. UNDERTAKER Chas. E. Schermuck
(Address) 2603 E. Fredison St.

20. FILED APR 9 - 1938 Huntington Williams, M.D. 3/18/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the spleen.	
Accidental fall onto a tree stump	3/5/38
Terminal pneumonia.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/5/38 19

Where did injury occur? Glen Burnie, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in woods.

Manner of injury Fall

Nature of injury Rupture of the spleen.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Reinhart M. D.
Coroner

3/18/38 Address 1017 S. Charles St.

M. D. R. 1268-9

SKORKO ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45640 | 131 F 45640

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 S Washington St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Edwiga Skorka

(a) Residence: No. 203 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Skorka

6. DATE OF BIRTH (month, day, year) May 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Wargawski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ambrozewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr John Skorka (Address) 203 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date April 11 1938

19. UNDERTAKER John M. Weber (Address) 401 S. Stricker St.

APR 9 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1935, to April 8, 1938

I last saw h[illegible] alive on April 8, 1938. Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cerebral Vascular Renal Disease	1935
Other contributory causes of importance: Terminal Bronchio-Pneumonia	4-1-38

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dept. H. Prenga, M. D.

(Address) 209 S. Chester St

HEALTH DEPARTMENT—CITY OF BALTIMORE

45641 F 45641

CERTIFICATE OF DEATH

55-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Cyrus Clark Jr.

(a) Residence: No. 770 W. 50th St. Miami Beach Fla. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Cherry Clark

6. DATE OF BIRTH (month, day, year) March 21 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa

FATHER

13. NAME Edward Cyrus Clark

14. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa Iowa

MOTHER

15. MAIDEN NAME Nell Estelle

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Rapids Iowa Date April 9 19 38

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Penna. Aves.

APR 9 - 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Brain Tumor (Type unknown) — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schuster Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45642

CERTIFICATE OF DEATH

93-C

F 45642

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Winston Ave., St., 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Arthur H. Kelly, If U. S. Veteran specify WAR None

(a) Residence: No. 400 Winston Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian K. Kelly

6. DATE OF BIRTH (month, day, year) April 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Ballasalla, Isle of Man

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) St. Johns, Isle of Man.

MOTHER

15. MAIDEN NAME Catherine Eleanor Kneen

16. BIRTHPLACE (city or town) (State or country) Ballasalla, Isle of Man.

17. INFORMANT Mrs. Lillian Kohlman Kelly,
(Address) 400 Winston Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 4/9/1938 19

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights Ave.

20. FILED APR 9 - 1938 19

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 18 to April 7th. 1938

I last saw him alive on April 7th. 1938 Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1920
Other contributory causes of importance: Acute Cardiac Dilatation	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 501-503 Sheridan Ave.

F 45643

45643 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edna Taylor

(a) Residence: No. 800 Bradley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 9 - 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Kopte

20. FILED 4-1938 A. Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1938 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fracturs	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident April 2, 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Franklin & Fremont St

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 2357 W Fay

V S 6

45644 E 45644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 17-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Winckler

If U. S. Veteran specify WAR —

(a) Residence: No. 1303 Argyle ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 2, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert C. Winckler

14. BIRTHPLACE (city or town) (State or country) Boscobville, Va.

MOTHER

15. MAIDEN NAME Ruth C. Brown

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Hospital records
(Address) University Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 9 - 1938 19...
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

APR 8 - 1938 Stephen Williams, M.D. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to April 7, 1938

I last saw h[illegible] alive on April 7, 1938 Death is said to have occurred on the date stated above, at 5 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/2/38

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Everett L. Diggs M. D.

(Address) University Hospital

F 15645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3440 82 V
3645

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Baxter

(a) Residence: No. Oliver Hotel St., ... Ward. South Bend Ind
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — John

6. DATE OF BIRTH (month, day, year) 11-17-83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Miss

FATHER

13. NAME — Alfred Pittman

14. BIRTHPLACE (city or town) (State or country) — Ky

MOTHER

15. MAIDEN NAME — Charlotte Nomar

16. BIRTHPLACE (city or town) (State or country) — Ala

17. INFORMANT — Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. D. C. Date 4/9 19 38

19. UNDERTAKER W. J. Woodward
(Address) 110 N. North Ave

20. FILED — Huntington Williams, M.D. Registrar
APR 1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 . 1938 to Apr 9 . 1938
I last saw her alive on Apr 9 . 1938. Death is said to have occurred on the date stated above, at 12 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial hypertension	
Cerebr Hemorrhage	
	over

Other contributory causes of importance:

Was an operation performed? No Date of April 5, 1938
For what disease or injury? Convulsions
Name of operation Lumbar Air Injection
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.
(Address) Johns Hopkins Hospital Baltimore, Md.

F 45646

45646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Etting St. St. 14-3 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta Walley

(a) Residence: No. 2202 Etting St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 10 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wally

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Johnson
(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Date April 12 1938

19. UNDERTAKER J. F. Ulmer & Sons
(Address) Reisterstown Md

20. FILED APR 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to Apr 9, 1938
I last saw him alive on Apr. 9, 1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Oct 1936
Other contributory causes of importance: Cerebral Hemorrhage	Apr 6/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave.

F 45647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William P Fender

If U. S. Veteran specify WAR .....

(a) Residence: No. Hazelhurst Apts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Virginia

6. DATE OF BIRTH (month, day, year) 7/13/59

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Adolph Pfender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Sears

16. BIRTHPLACE (city or town) (State or country) N-Y-

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date April 11 1938

19. UNDERTAKER Henry H Jenkins & Sons

(Address) Orchard Ave - College St

20. FILED ..... 19..... Wilmington, N.C.

(Registrar)

I 01938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1938 to April 9, 1938

I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 2 a.m. 1.72

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung

metastasis to diaphragm, liver peritoneum, gland & vertebrae

Date of onset 8/1/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sarah H Bowditch, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15648

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 ds. How long in U. S. If of foreign birth 35 yrs. 4 mos. 12 ds.

2. FULL NAME Bessie Slutz

If U. S. Veteran specify WAR

(a) Residence: No. 315 Nash-ave St., ... Ward Charleroi-Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
French	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov 27-1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35 3 6	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Penn-

FATHER

13. NAME Austin Slutz

14. BIRTHPLACE (city or town) (State or country) Penn-

MOTHER

15. MAIDEN NAME Minnie Walkley

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Kenas-

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charleroi Va Date Apr-10-38

19. UNDERTAKER Stewart Morris Co.

(Address) Uniontown Pa.

20. FILED Apr 12 1938 Registrar

CHARLEROI

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar-10, 1938 to Apr. 9, 1938

I last saw her alive on Apr-9, 1938 Death is said to have occurred on the date stated above, at 11:0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro Pneumonia	
Endocarditis (Primary)	
Hypertrophy of Heart (Primary)	
Symptoms of Septicemia	Birth
Pyelonephritis, Chronic	Jan 0 38

Other contributory causes of importance: Pregnancy

Was an operation performed? Yes Date of Mar 17, 1938

For what disease or injury? Pregnancy complicated by Pyelonephritis (chronic)

Name of operation Transplantation of ureters into rectum

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify .....

(Signed) Carl E Bullard, M. D.

(Address) J. H. H.

15649 343670

HEALTH DEPARTMENT—CITY OF BALTIMORE 15649

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 82 yrs. 7 mos. 21 ds.

2. FULL NAME Susanne C. Fenton

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 66 W. University St., Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Fenton

6. DATE OF BIRTH (month, day, year) 8/19/5-5 —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Chesley

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Louisa Grey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr-11- 38

19. UNDERTAKER Stuart Moore Co. (Address) 1018 Park Ave.

20. FILED ..... 19 ..... Registrar

Hemingway Wilkinson, Reg.

APR 1(

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar - 27 . 1938 to April 6 . 1938

I last saw her alive on April 6 . 1938. Death is said to have occurred on the date stated above, at 3 45-55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4/6/38
Other contributory causes of importance:	
hypertension	926

Was an operation performed? yes Date of 3/28/38

For what disease or injury? Cataract Rt eye

Name of operation Removal of cataract

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sarah H Bowditch M. D.

(Address) Johns Hopkins Hospital

F 45650

HEALTH DEPARTMENT—CITY OF BALTIMORE

45650

CERTIFICATE OF DEATH

V 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Shockett

(a) Residence: No. 1626 Mulliken St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Ida

6. DATE OF BIRTH (month, day, year): Oct 31, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Grocer Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Shockett

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Morris Shockett 1626 Mulliken st

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Mt Carmel Rd Date: April 10, 1938

19. UNDERTAKER (Address): Sol Levinson & Bros 1124-26 W. North ave

APR 10 1938 [illegible] Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Rectum (?)

Ruptured Varix of Rectum (?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhemuss M. D.

Coroner

(Address)

V S 6

45651 F 45651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1001 S. Charles St. 23 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Cherry

If U. S. Veteran specify WAR

(a) Residence: No. 1001 S. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius Cherry

6. DATE OF BIRTH (month, day, year): Aug 10 1882

7. AGE: Years 55; Months 7; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER FATHER

13. NAME: Bernard Miller

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Julius Cherry 1001 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Young Men cemetery Date April 10, 1938

19. UNDERTAKER (Address): Sol Levin & Bro 1124-26 W. North ave

20. FILED: Huntington [illegible] Registrar.

APR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930 to April 9, 1938

I last saw her alive on April 6, 1938 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	3 yrs 2 mos
Other contributory causes of importance: Generalized Metastases	6 mos

Was an operation performed? Yes Date 2 yrs 6 mos ago

For what disease or injury? Carcinoma of breast

Name of operation Removal of breast

What test confirmed diagnosis? Microscopic exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

45652 F 45652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. gen Hosp Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elisabeth Christine Englehart

If U. S. Veteran specify WAR

(a) Residence: No. 3122 Grindon Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eduard Englehardt

6. DATE OF BIRTH (month, day, year) Oct 9th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	5 6	29 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Gladys Geddes

(Address) 337 Yale avenue

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 11th 1938

19. UNDERTAKER R. B. Marshall

(Address) 3539 Falls Road

20. FILED MAY 10 1938 Huntington Williams, Registrar. D/C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to April 8, 1938. I last saw her alive on April 7, 1938. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Arteriosclerosis	
Cardiovascular Collapse	
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank V. Manuel M. D.

(Address) South Balto. gen Hosp

F 15653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15653

CERTIFICATE OF DEATH

Registered No. ✓ 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2053 Kennedy Ave St., 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Edgar Clinton Cadwalladen

(a) Residence: No. 2053 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen V. Cadwalladen

6. DATE OF BIRTH (month, day, year) Aug. 7, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Isaac C. Cadwalladen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah J. Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edgar C. Cadwalladen Jr

(Address) 2053 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date April 11 1938

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans

(Filed) APR 10 1938 Huntingtown Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/9/ 1938

Where did injury occur? 2053 Kennedy Ave. Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self with revolver

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

S 6

45654 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45654

CERTIFICATE OF DEATH 31677 (EB) 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Mittgrefe

(a) Residence: No. 1721 E. Federal Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise

6. DATE OF BIRTH (month, day, year) 8/6/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: April 11 19 38

19. UNDERTAKER: John Ullrich
(Address): 2118 E. Pleasant

20. FILED APR 10 1938 Registrar: Wilhelmina Nee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1938 to 4-7, 1938

I last saw him alive on 4-7, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Carcinoma Prostate with metastasis	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/25 & 3/28/38

For what disease or injury?

Name of operation: Supra Pubic Cystostomy - 2 stage

What test confirmed diagnosis: Clinical Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lyle Woodward Jr. M. D.

(Address) Balto City Hosp.

5655 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15655

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. South Balto. Gen Hosp - Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida May Peterson If U. S. Veteran specify WAR .....

(a) Residence: No. 804 S. Potomac St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 11 - 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		8	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Eric C Peterson

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Ida May Hoyt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Eric C Peterson
(Address) 804 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date April 11, 1938

19. UNDERTAKER John Ulrich & Sons Williams
(Address) .....

20. FILED APR 11 1938 23. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938, to April 8, 1938

I last saw h.r alive on April 8, 1938. Death is said to have occurred on the date stated above, at 7:01 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~	
Lobar Pneumonia -	3/30/38
right upper lobe	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank V. Manieri M. D.

(Address) South Balto. Gen. Hosp.

F 45656

45656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 186-a cc
CITY OF BALTIMORE: (No. Bay View St., 8 Ward)
Registered No. 517
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 84 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Bessie Sachs Lowitzer
(a) Residence: No. 1519 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER
13. NAME Daniel D. Lowitzer
14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER
15. MAIDEN NAME Mary Bell
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Mrs. Edna M. Waxter
(Address) 59 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 11, 1938

19. UNDERTAKER Frank N. Bishop, Jr.
(Address) 421 Eastern Ave.

20. FILED APR 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days
Other contributory causes of importance: Fracture upper left femur	2 days

Was an operation performed? No, Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury, April 2, 1938
Where did injury occur? City Hospital Infirmary (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Hospital
Manner of injury Fell on floor
Nature of injury Fracture upper left femur

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Max E. Good, M. D.
Coroner
(Address) 1112 N. Broadway

E 45657

45657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 E. Lanvale St., (Ward) 8-6

Length of residence in city or town where death occurred 67 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Griggs

(a) Residence: No. 1704 E. Lanvale St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21=1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	17/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm C. Griggs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Bilbreyer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Olivia Burman

(Address) 1704 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date April 12 1938

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED APR 10 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to April 8 1938

I last saw her alive on April 8 1938 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Sept 1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Covey M. D.

(Address) 1603 N Broadway

✓ F 45658

45658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Belleville Ave. Ward) 28-2

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma Ada Holmes

(a) Residence: No. 5312 Belleville Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodberry Mills

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel S. Holmes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann A. Parrish

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Voder Sindall

(Address) 5612 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys-Hampden Date April 11th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, N.Y.

20. FILED 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June ... 19 37 to April 8th 1938

I last saw h.r alive on April 8 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic vascular disease	
Other contributory causes of importance: Cerebral sclerosis, Vascular renal disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Kennedy M. D.

(Address) 4710 Liberty Hts.

M. D. H. 1065-9

45659 ✓ F 45659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Woodbine Ave 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucynda T. Taylor

(a) Residence: No. 3406 Woodbine Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Walter H. Taylor

6. DATE OF BIRTH (month, day, year): Aug 5th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

FATHER

13. NAME: George W. Zepp

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Jamesson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Walter H. Taylor

(Address) 3406 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: April 11th 1938

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St.

20. FILED: APR 10 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to April 8 1938

I last saw h[illegible] alive on April 8 1938 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Bronchial	3 3
Cerebral hemorrhage	4 1 8
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	
Diabetes	1933

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Ladd M. D.

(Address) Reisterstown Md

15660 HEALTH DEPARTMENT—CITY OF BALTIMORE 15660

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Washington St. 6-4 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Vain

(a) Residence: No. 120 N. Washington St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Vain

6. DATE OF BIRTH (month, day, year) June 1-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Shonat

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel R. Vain Son

(Address) 120 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 11 1938

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 4037 S. Wolfe St

20. FILED ... 19... Registrar

R 10 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18 1938 to April 7 1938

I last saw h[illegible] alive on April 6 1938. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1yr
Other contributory causes of importance: Pulmonary Edema	2 Dy

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward J. Boos M. D.

2530 E Baltimore

45661 F 45661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Forrest St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget Agnes McDonnell

If U. S. Veteran specify WAR

(a) Residence: No. 1005 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. McDonnell

6. DATE OF BIRTH (month, day, year) Feb. 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Feeney Monahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME James Feeney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine McDonnell

(Address) 1005 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 12, '38

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED ... 19... Registrar

APR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8, 1938

22. I, HEREBY CERTIFY, That I attended deceased from April 1, 1938 to Apr 8, 1938

I last saw h[illegible] alive on April 5, 19[illegible] Death is said to have occurred on the date stated above, at [illegible] p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Myocarditis Chronic - Acute Obstruction Heart	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Kirby, M. D.

(Address) 1106 E North Ave

15662 HEALTH DEPARTMENT—CITY OF BALTIMORE 15662

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul David Stup

If U. S. Veteran specify WAR .....

(a) Residence: No. 48 B. St. Laurel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NONE

6. DATE OF BIRTH (month, day, year) Nov 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Prince Georges Co Md

FATHER

13. NAME John L Stup

14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

MOTHER

15. MAIDEN NAME Ruth Edna Keeney

16. BIRTHPLACE (city or town) (State or country) Brandywine Md

17. INFORMANT J. L. L. Stup

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Frederick Md

Place Mt Olivet Cemetery Date 4/12 1938

19. UNDERTAKER Ridgley Selby

(Address) Laurel Md

20. FILED APR 10 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/38

22. I HEREBY CERTIFY, That I attended deceased from 4/7/38 to 4/10/38

I last saw him alive on 4/10/38 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	4/5/38

Other contributory causes of importance:

Acute Nasopharyngitis	4/3/38
Acute Cervical Adenitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest A Diggs, M. D.

(Address) University Hospital

15663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15663

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 136 S. Bouldin St. Ward) 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Katherine) (Kate) Szczepaniak

If U. S. Veteran specify WAR

(a) Residence: No. 136 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam Szczepaniak

6. DATE OF BIRTH (month, day, year) Sept. 28 86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stanislaus Przybylski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Antonina Lumanick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Szczepaniak

(Address) 136 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date April 11 38

19. UNDERTAKER Stephen J. Fialkowski & Sons

(Address) 1000 S. Kenwood Ave.

20. FILED 4/10/1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to April 7, 1938

I last saw her alive on April 7, 1938 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4-7-38 (2 hrs)

Other contributory causes of importance:

Cerebral arteriosclerosis — ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. J. Davidow M. D.

(Address) 3248 Eastern Ave

15664 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15664

CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Hickory Ave St., 43-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Shaffer

If U. S. Veteran specify WAR

(a) Residence: No. 3517 Hickory Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly V. Shaffer

6. DATE OF BIRTH (month, day, year) Aug 22 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paver

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Shaffer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hare

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen V. Williams

(Address) 3517 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date April 12, 1938

19. UNDERTAKER E. Sherwood & Son.

(Address) 3415-17 Brentwood Ave

20. FILED APR 10 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to April 9, 1938

I last saw alive on April 7, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1938

Other contributory causes of importance:

over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) 850 Linden Ave

45665 F 45665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Ashland Ave. St., 7-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie A. Bowman Summerville

If U. S. Veteran specify WAR

(a) Residence: No. 1626 Ashland Ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Summerville

6. DATE OF BIRTH (month, day, year): July 15, 1889

7. AGE — Years: 48 — Months: 8 — Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fairfax County Va.

FATHER

13. NAME: Albert Bowman

14. BIRTHPLACE (city or town) (State or country): Loudon County Va.

MOTHER

15. MAIDEN NAME: Mildred Carroll

16. BIRTHPLACE (city or town) (State or country): Alexander Va.

17. INFORMANT (Address): Jennie Bowman 1324 E. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Nat. Calvary Cem. April 10, 1938

19. UNDERTAKER (Address): Robert H. Young 804 W. Baltimore St

20. FILED ..... 19..... (Signature of Registrar)

APR 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938 to April 6, 1938

I last saw h... alive on April 6, 1938. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cronic Myocarditis	Jan 1 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

1. ..... If so, when? .....

(Signed) George L. Peller M. D.

(Address) 5? ? Georgetta

15666 HEALTH DEPARTMENT—CITY OF BALTIMORE 15666

CERTIFICATE OF DEATH

Registered No. 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N Appleton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Goldie Caplan

(a) Residence: No. 1701 N Appleton St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benno

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Michael Feigenson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 4-10 1930

19. UNDERTAKER Jos. Levy Sons (Address) 1439 E Baltimore St

20. FILED 19 Registrar

APR 10 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-30 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 20 1930 to April 9 1930

That saw h[illegible] alive on April 9 1930 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
Acute Hypostasis	

Other contributory causes of importance:

Lobar injection

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) 1515 Eutaw Pl

5663 211
349

HEALTH DEPARTMENT—CITY OF BALTIMORE

45667

CERTIFICATE OF DEATH

+ 46-e

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Long

If U. S. Veteran specify WAR

(a) Residence: No. 81 S. 6th St. ..... St., ... Ward. Ironton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 7-11-77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME Lewis Nicholls

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Annie Wirtz

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Russell Ky. Date 4/10 1938

19. UNDERTAKER John E. Mitchell & Son

(Address) 1900 Eutaw Place

FILED APR 10 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1938 to Apr 10, 1938

I last saw her alive on Apr 10, 1938 Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of caecum	1935
Other contributory causes of importance: Pulmonary embolism	

Was an operation performed? Yes Date of 5-21-38

For what disease or injury? Ca caecum

Name of operation Exploratory laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Sarah M. Goodrich M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 45668

45668 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1137 Park ave St., 11-2 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Butler

(a) Residence: No. 1137 Park ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) — 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Relay Md

FATHER

13. NAME — Samuel Bowden

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Hannah Bowden

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT (Address) — Agness Butler 1137 Park ave

18. BURIAL, CREMATION, OR REMOVAL — Place Hendron Md Date 4/12 38 19

19. UNDERTAKER (Address) — William A Jackson 916 Penna ave

20. FILED — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to April 8, 1938

I last saw h[illegible] alive on April 8, 1938 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Contributory: Cardiac dilatation	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morley Strag, M. D.

(Address) 1134 Park Blvd.

F 45669

F 45669 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Sydnor Cave

(a) Residence: No. 1323 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 6-9-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Sydnor (Address) 1323 Edmondson

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 4/13 35 19

19. UNDERTAKER Williams & Jackson (Address) 4th Pennsylvania Ave

20. FILED APRIL 1938 Hunting Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I last saw the deceased on Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4-6-38
Peritonitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E. North Ave

V S 6

F 45670

5670 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 771 W. Lexington St., 4 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Henry Miller

(a) Residence: No. 771 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Conway Caroline County, Va.

FATHER

13. NAME John Henry Miller

14. BIRTHPLACE (city or town) (State or country) Port Conway Caroline County, Va.

MOTHER

15. MAIDEN NAME Sarah Jane Brooks

16. BIRTHPLACE (city or town) (State or country) Port Conway Caroline County, Va.

17. INFORMANT Mrs. Sallie L. Durbey
(Address) 1540 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar ~~Hill~~ Cem. Date April 11, 1938

19. UNDERTAKER O'Donovan
(Address) 1003 N. Baltimore St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy or Inquiry thereon and from the evidence obtained by said ~~Inquest~~ Autopsy or Inquiry and that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	½ hr.
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 2360 Eutaw Place

15671

HEALTH DEPARTMENT—CITY OF BALTIMORE

15671

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 W Fayette St., 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary H Ashley

(a) Residence: No. 1820 W Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cannon D Ashley

6. DATE OF BIRTH (month, day, year): Nov 26 1859

7. AGE: Years 78 | Months 5 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): King & Queens Co Va

FATHER

13. NAME: Unknown Brooks

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Frank Coggins

(Address) 1820 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/13 1938

19. UNDERTAKER: Wilson & Son

(Address) 1217 or Carlton

20. FILED APR 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 20 1938 to April 10 1938

I last saw her alive on April 10 1938 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If A. specify

(Signed) George C. Shumaker M. D.

4/10/38 (Address) 700 Fulton Ave

15672 E 15672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 - 3746--hw

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16 - Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Minnie Cole

(a) Residence: No. 715 N. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Cole

6. DATE OF BIRTH (month, day, year) 4/4/1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth Price

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 12 1938

19. UNDERTAKER Wm Cook
(Address) 217 E. Pratt St

20. FILED ... 19 ... Registrar.

APR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to April 10, 1938

I last saw her alive on April 10, 1938. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

E 45673

HEALTH DEPARTMENT—CITY OF BALTIMORE

45673

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Andrew Buchanan If U. S. Veteran specify WAR No Record

(a) Residence: No. 2910 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude M. Buchanan

6. DATE OF BIRTH (month, day, year) Sept 22nd 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Bros

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

13. NAME Wm Henry Buchanan

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Goldie Hawkins

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Gertrude M. Buchanan
(Address) 2910 Winchester St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date April 13th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ..... 19.....
Registrar.

April 11 1938 Huntington Ave Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th, 19 38

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 19 38, to April 10th, 19 38.

I last saw h[illegible] alive on April 10th, 19 38. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemiplegia Cerebral Thrombosis	4 days
2 Acute Dilatation of Heart	
3 Pneumonia Hypostatic Left Lower Lobe	
4 Cancer Penis (Operated)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R. E. Hargett, M. D.

(Address) University Hospital

45674 E 45674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 4-2 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reuben Finnell If U. S. Veteran specify WAR .....

(a) Residence: No. Elkridge Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Vera E. Finnell

7. DATE OF BIRTH (month, day, year) June 6th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finnell System Inc

10. Date deceased last worked at this occupation (month and year) 3 30 38 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Bentonville Va

13. NAME Reuben Ashford Finnell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME ~~2.~~ Stinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT R. Ashford Finnell
(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 11th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1938 to April 9, 1938.

I last saw h.IM alive on April 9, 1938 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatic Cholecystitis	3/30/38
Post-operative Pneumonia	4/6/38
Uremia Suppression	
Terminal Bronchial Pneumonia	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? Yes Date of 4/1/38

For what disease or injury? Acute gangrenous Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. B. Long M. D.
(Address) University Hospital

1938 [illegible]

15675 E 15675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

201 / 117-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2006 W. Fayette St., 20 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. Simmerman

If U. S. Veteran specify WAR

(a) Residence: No. 2006 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William L. Simmerman

6. DATE OF BIRTH (month, day, year) Dec. 31, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Christian Houck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William L. Simmerman
(Address) 2006 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Hillcrest Cemty. Harrisville, N. J. April 12/38

19. UNDERTAKER Harry A. Hurtt & Son
(Address) 4101 Edmondson Ave.

20. Filed 4-11-1938 Huntington Williams Jr. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937. to April 9, 1938.

I last saw her alive on April 8, 1938. Death is said to have occurred on the date stated above, at 8:40Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	Apr 1
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Martin L. Hanna M. D.

(Address) 1822 W. Baltimore St.

Rupert I. Roe

F 45676

15676 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen. Hospital St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rupert I. Roe

(a) Residence: No. 1531 W. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2, 1891.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Telephone Co

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Irving A. Roe

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Vera D. Hunt

16. BIRTHPLACE (city or town) (State or country) Ogdensburg, N. Y.

17. INFORMANT Irving A. Roe

(Address) 1531 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun Park Date April 11 1938

19. UNDERTAKER Harry H. Witzke

(Address) 410 E. Monument Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased alive, held an (Inquest, Autopsy or Inquiry) on the day stated above, and that said deceased came to death on the day stated above from (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Pulmonary Edema

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vera D. Hunt M. D. Coroner

(Address) 1217 Fulton Ave

15677 HEALTH DEPARTMENT—CITY OF BALTIMORE 15677

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH General German Aged Home

CITY OF BALTIMORE: (No. 22 S. Athol Ave. St., 28-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary M. Dunlap

(a) Residence: No. 22 S. Athol Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Melville S. Dunlap

6. DATE OF BIRTH (month, day, year) Sept. 12, 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME William L. McCauley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Schwartz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sister Fredericka,
(Address) General German Aged Home

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 11, 19 38

19. UNDERTAKER Henry A. Luckie
(Address) 4101 Edmondson Ave.

20. FILED APR 11 1938, 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1/36, 19 to Apr. 9/38. 19 I last saw her alive on Apr. 8/38. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Other contributory causes of importance:	
Chronic Cardiac Hypertrophy	Unknown

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If specify

(Signed) Henry A. Luckie M. D.

(Address) 936 Hanover St.

45678 F 45678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hospital 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Stephen Woolford

(a) Residence: No. 1047 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Mitchell Woolford

6. DATE OF BIRTH (month, day, year) 2-2-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Woolford

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Martha Menoky

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Todd (Address) 1047 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 4-11-1938

19. UNDERTAKER Fisher Manning & Knight (Address) 1218 N. Caroline St

Filed APR 11 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

received by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Vascular Disease — Date of onset 3/4/38

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D. Coroner

(Address) Coroner

S 6

M. D. P. 1268-9

F 45679

45679 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 Orchard St. 11-3 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Banks

(a) Residence: No. 446 Orchard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lisa Banks

6. DATE OF BIRTH (month, day, year): 1852

7. AGE — Years: 76 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupatinn:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Peter Banks Sr.

14. BIRTHPLACE (city or town) (State or country): Worcester Co Md

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Joseph Banks
(Address) 919 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cemetery Date: April 11. 1938

19. UNDERTAKER: Mrs Ida Bailey
(Address) 1421 Jefferson Elts

FILED: 1938 — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11.32 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address)

COPIAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45680 / 131 F 45680

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 W North ave St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Coplan

(a) Residence: No. 2307 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Max Coplan

7. DATE OF BIRTH (month, day, year) 1870

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Herman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dorothy Sherman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Herman

(Address) 1623 Lanallwood

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date April 11 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

FILED APR 11 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/15 1937, to 4/10 1938

I last saw her alive on 4/10 1938. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1924
Uremia	4/5/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) ..... M. D.

(Address) 1360 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28178

53-F

F 15681

CERTIFICATE OF DEATH

F 15681

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. D-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Miller (SOPHIE D. MILLER) If U. S. Veteran specify WAR

(a) Residence: No. 1511 Bank St. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Miller

7. DATE OF BIRTH (month, day, year) 7/1/1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Siebrecht

14. BIRTHPLACE (city or town) (State or country) XXX. Germany

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) XXX. Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date Apr. 12. 1938
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Per L. Sander
(Address) Baltimore & Broadway.

DATE APR 11 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 11-10 , 1937 to 4-8 , 1938

I last saw her alive on 4-8 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mixed tumor of parotid malignant	Unknown
Fracture right femur - Pathological	4 months
Broncho pneumonia	1 week

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

45682

HEALTH DEPARTMENT—CITY OF BALTIMORE

45682

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward 9)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Rose Cohen

(a) Residence: No. Hebrew Home for Aged & Infirm St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78 6 9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Hersch Harris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place 4-13-38 Druthman's

19. UNDERTAKER Jack Levin, Inc

(Address) 1439 E. Baltimore St

20. FILED APR 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/6/37 1937 to 4/10 1938

I last saw h. alive on 4/10/ 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Other contributory causes of importance: Acute Pulmonary Edema	6 hours

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation /

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Shuman M. D.

(Address) 2340 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45683 ✓107-L 45683

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Blumentha'

(a) Residence: No. 1016 Granby St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

7. DATE OF BIRTH (month, day, year) December, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 yrs	54		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Blumentha'

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospita' Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Herring Run Date 4-11- 1938

19. UNDERTAKER Jack Levering

(Address) 1338 Bolton St. Baltimore, Md.

Registrar

APR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1937 to 4-10 1938

I last saw him alive on 4-10 1938 Death is said to have occurred on the date stated above, at 6-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerotic Gangrene Left Leg	6 months
Broncho Pneumonia	1 week
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-30-37

For what disease or injury?

Name of operation Amputation left leg

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

F 45684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45684

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Lawina Rd St. 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs 7 mos 6 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR.

2. FULL NAME Carrie Virginia Miller

(a) Residence: No. 2703 Lawina Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 3, 1868

7. AGE: Years 69 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Michael Miller

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Waidner

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr. Walter Kirwan

(Address) 2703 Lawina Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. April 11 38

19. UNDERTAKER: Wm. Wickwire Sons

(Address) North & Eutaw

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Coroner M. D.

(Address)

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45685

CERTIFICATE OF DEATH

✓131 F 45685

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Brighton St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 73 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Robert Wannen Sr

If U. S. Veteran specify WAR

(a) Residence: No. 3028 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida C Wannen

6. DATE OF BIRTH (month, day, year): Sept. 30 1864

7. AGE: Years 73 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Sell.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Chas D Wannenwetsch

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Ida C Wannen 3028 Brighton St

18. BURIAL, CREMATION, OR REMOVAL: Place: London Park Date: April 11 38

19. UNDERTAKER (Address): Wm Pickup Sons Scott & Reaves.

20. FILED APR 1 1938 19

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April. 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to April 8 1938

I last saw him alive on April 8 3.50 P. m. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Leord M. D.

(Address) 2222 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15686 — 92-a — F 15686

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4104 Boarman Ave Ward 5-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannie G. Wilkins

(a) Residence: No. 4104 Boarman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frank Wilkins.

6. DATE OF BIRTH (month, day, year): June 22 1854

7. AGE: Years 83 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chestertown Md.

13. NAME: John L. Gray

14. BIRTHPLACE (city or town) (State or country): Newark Del.

15. MAIDEN NAME: Margaret Anderson

16. BIRTHPLACE (city or town) (State or country): Chestertown Md.

17. INFORMANT: Mr. Edg. Wilkins

(Address) 4104 Boarman Ave

18. BURIAL, CREMATION OR REMOVAL: Chestertown Md Apr 12 1938

Place

19. UNDERTAKER: Wm Pickup Sons

(Address) North & Pearre.

20. FILED APR 11 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 1938 to April 9 1938

I last saw h alive on April 9 1938 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hepatic Disease	3/14/38
Other contributory causes of importance: Pneumonia	3/14/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Hassell M. D.

(Address) 370 E. Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45687

CERTIFICATE OF DEATH

93-4 F 45687

Registered No.

1. PLACE OF DEATH 6000 Bellona Ave. St. 15-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie ~~Lucas~~ Elizabeth Blake (BLAKE)

(a) Residence: No. 1535 W North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Blake.

6. DATE OF BIRTH (month, day, year) January 2 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

FATHER

13. NAME Henry Allen Howard

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

MOTHER

15. MAIDEN NAME Martha Anna Curry

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

17. INFORMANT Mrs Emma Browne

(Address) 1622 E 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 13 1938

19. UNDERTAKER J. Fletcher Sons

(Address) 1700 Pennsylvania Ave

20. FILED APR 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from December 2nd 1937 to April 10th 1938

I last saw her alive on April 9th 1938 Death is said to have occurred on the date stated above, at 12.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Robert M. D.

(Address) 6010 York Road

45688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 45688

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Howard park ave St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrea M Centofanti

(a) Residence: No. 3611 Howard park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single.

6. DATE OF BIRTH (month, day, year): 2/28/1884

7. AGE: Years: 54 | Months: 1 | Days: 10 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): France

13. NAME: Cesar Centofanti

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Fred C Centofanti

(Address): 3611 Howard park ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 4/11 1938

19. UNDERTAKER: Geo J McNabb

(Address): Catonsville Md.

APR 11 1938 Huntington Williams N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to April 8, 1938

I last saw her alive on April 5, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastasis	1 yr
Other contributory causes of importance: Transverse myelitis	3 yrs

Was an operation performed? Yes Date of Dec 37

For what disease or injury? Removal of breast

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G J McNabb M.D.

(Address) 4710 Liberty Ht Ave

15689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/21 F 15689

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 2710 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM EDGAR

If U. S. Veteran specify WAR

(a) Residence: No. 730 C St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. (Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9, 1918

7. AGE: Years 19 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME OF FATHER Wm E

14. BIRTHPLACE (city or town) (State or country) (Md.)

15. MAIDEN NAME OF MOTHER E BACHMAN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm E Copenhaver

(Address) 730 McCadeave

18. BURIAL, CREMATION, OR REMOVAL

Date 4-11-38.

19. UNDERTAKER G. F. Waltemeyer Son

(Address) Baltimore Blvd

APR 11 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/38, 19 to 4/7/38, 19

I last saw h... alive on 4/2/38, 19 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a.	
b.	
c.	
d.	

Other contributory causes of importance:

Was an operation performed? N Date of 4/7/38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ....., M. D.

(Address)

45690 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45690

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Mosher St. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Sauer

(a) Residence: No. 1803 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard A. Sauer

6. DATE OF BIRTH (month, day, year) Jany 2. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

13. NAME Henry Straehle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Steinle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius A. Sauer
(Address) Denville N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 11, 1938

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED April 11 1938 Washington Nebraska, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 1938

22. I HEREBY CERTIFY, That I attended deceased from October . 1936 to April 8 . 1938

I last saw h alive on April 8 . 1938 Death is said to have occurred on the date stated above, at 8.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	acute
Other contributory causes of importance: Cardio vascular Renal disease	no Dx.

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph A Sauer M. D.

(Address) 2318 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45691 — CERTIFICATE OF DEATH — 32248 JS — F 45691

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St., 18-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Schaefer (Schaffer) — If U. S. Veteran specify WAR

(a) Residence: No. 1119 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Schaffer

7. DATE OF BIRTH (month, day, year) 12-6-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Loudon Pk. Apr. 12-1938
(Place) (Date) 19

19. UNDERTAKER Jos. J. Sterrenson
(Address) 3201 Kentucky Ave. Wilmington, N.J.

APR 11 1938 — 19 — Wilmington, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to April 8, 1938

I last saw him alive on April 8, 1938. Death is said to have occurred on the date stated above, at 2½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32219 SF

F 15692

CERTIFICATE OF DEATH

107-a

F 15692

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Jones

(a) Residence: No. 1510 W. Lafayette Ave. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence

7. DATE OF BIRTH (month, day, year): 2/19/1892

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
46	46	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Lore

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Geneva Butts

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date April 12 1938

19. UNDERTAKER: Joseph A. Sweeney

(Address) 1417 Maryland Ave

20. FILED ___ 19___ Registrar

APR 11 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1938 to 4-8, 1938

I last saw him alive on 4-8, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess and Cellulitis Face	Unknown
Lobular Pneumonia	4 days
Uremia	4 days

Other contributory causes of importance:

Was an operation performed? yes Date of 4/4/38 - 4/6/38

For what disease or injury?

Name of operation Incision & Drainage Abscess Face

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee Woodward Jr. M. D.

(Address) Balto City Hosp

45693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

F 45693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 W. Mulberry St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Frances Hack

If U. S. Veteran specify WAR

(a) Residence: No. 762 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hack

6. DATE OF BIRTH (month, day, year) not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
approx	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

MOTHER FATHER

13. NAME Griffin Washington

14. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

15. MAIDEN NAME Julia Washington

16. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

17. INFORMANT (or) Dorothy Covington

(Address) 762 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr 11, 1938

19. UNDERTAKER Adolphus Hilliard

(Address) 939 Druid Park Drive

FILED APR 11 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1937, to 4/7, 1938

I last saw her alive on 4/5, 1938 Death is said to have occurred on the date stated above, at 3.15 m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	approx Sept. 37
Other contributory causes of importance: Bronchiectasis	?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. Brown M. D.

(Address) 1510 E. Madison St

15694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45694

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 111 E. Churchill St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Worthen — If U. S. Veteran specify WAR

(a) Residence: No. 111 E. Churchill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 28, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William D. Worthen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary C. Hanley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary C. Worthen

(Address) 111 E. Churchill St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 12 1938

19. UNDERTAKER William M. Roach

(Address) 712 Light St

20. FILED April 11 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to April 8, 1938

I last saw him alive on April 7, 1938. Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
rheumatic heart disease	1936
mitral insufficency	
cardiac failure	3-20-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. A. Kemp M. D.

(Address) 3530 Edmondson Ave

F 45695

45695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Broadway St., 8-6 Ward)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Haugate

(a) Residence: No. 1703 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Haugate

7. DATE OF BIRTH (month, day, year) June 29-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME (Name Before Marriage) Henry Zeller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Zeller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Geo. O'Haugate 1703 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr. 12 1938

19. UNDERTAKER (Address) Chas. E. Isaac 802 Madison Ave

20. FILED APR 11 1938 ~~19 ... Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23. 1936 to April - 9 - 1938

I last saw her alive on Apr. 9 - 1938 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Intermittent Cystitis	1936
Other contributory causes of importance: Myocarditis Chronic	1938

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar L. Sandrock M. D.

(Address) Medical Arts Bldg. Baltimore Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45696 CERTIFICATE OF DEATH 117-a F 45696

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Saeltin St St., 22-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Legrand If U. S. Veteran specify WAR

(a) Residence: No. 634 Saelen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Legrand

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government Project (W.P.A.)

10. Date deceased last worked at this occupation (month and year) 4/6

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Henry Legrand

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Amelia —

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Ella (wife)

(Address) 507 S. Stockton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/11 1938

19. UNDERTAKER Isaiah R Brown & Son

(Address) 1016 Druid Hill Ave

Huntington Williams, Registrar

4 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	3 hrs.
Other contributory causes of importance: Chr Ulcer (Stomach Cancer)	4 yrs.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Shrame Coroner M. D.

(Address) 2360 Eutaw Place

✓ F 45697

5697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital 10-2 (Ward)

Length of residence in city or town where death occurred ( ) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World's War

2. FULL NAME Benjamin H Yancey

(a) Residence: No. 823 W Spring St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1896

7. AGE: Years 41 42 | Months 3 | Days 15/14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh NC

FATHER

13. NAME Jno Yancey

14. BIRTHPLACE (city or town) (State or country) (NC)

MOTHER

15. MAIDEN NAME Cordelia Broadey

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT James H Yancey

(Address) 823 W Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. National Cem. Date 4/12 1938

19. UNDERTAKER Joseph J. Lee, Jr.

(Address) 1302 Lafayette Ave.

Filed 4 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cerebral Apoplexy April 8 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 500 Cathedral St

M. D. B. 1268-9

5698

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45698

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 E Baltimore St. St., 76-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Ruffner

(a) Residence: No. 3526 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Staunder Ruffner

6. DATE OF BIRTH (month, day, year) June 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Willett L

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. S. Ruffner - Husband

(Address) 3526 E Balto St

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date April 38

19. UNDERTAKER Thomas W Singleton

(Address) Glen Burnie, Md

20. FILED April 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to April 7 38

I last saw h alive on April 7, 1938. Death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	1
Other contributory causes of importance:	4 months
Cancerous	
Pleurisy Cardiac Vascular disease	
Pleurisy Nephritis	
Senility	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Johnson M. D.

(Address) 3400 E Balto St

45699 ✓ E 45699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Freemont Ave. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth M. Tierney

(a) Residence: No. 1047 Freemont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 13, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mary Tierney

(Address) 1047 Freemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr. 12, 1938

19. UNDERTAKER Rita Friedfeld

(Address) 914 Fremont Ave

20. FILED 19 Registrar

APR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

45700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45700

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5131 Benton Heights Ave. St., 27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bernadena Elliott

(a) Residence: No. 5131 Benton Heights Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence W. Elliott

7. DATE OF BIRTH (month, day, year) March 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard Kramer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. C. W. Elliott

(Address) 5131 Benton Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 13 38

19. UNDERTAKER Frederick Rosenhirsch

(Address) 7401 Belair Road

20. FILED 19 Registrar

APR 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1937 to April 10, 1938

I last saw h. alive on April 9, 1938 Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/24/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd

15701 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15701

CERTIFICATE OF DEATH

47-B #31076 SF

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reuben Hardman

If U. S. Veteran specify WAR

(a) Residence: No. 2214 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/21/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ely

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date

19. UNDERTAKER
(Address)

20. FILED
1938 Residence

UNIVERSITY MEDICAL SCHOOL APR 11 1938
Commissioner of Health
Per H. A. Moore

Huntington Williams, M.D.
1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2-23 , 1938 , to 3-31 , 1938

I last saw h.im alive on 3 31 , 1938 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma Lung	unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E K Woodward Jr. , M. D.
(Address) Balto City Hosp.

✓ F 45702

45702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Glantfolt

(a) Residence: No. 1029 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles Glantfolt

6. DATE OF BIRTH (month, day, year) July 26 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Valentine Strab-

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Fischer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph Glantfolt

(Address) 1029 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 12 1938

19. UNDERTAKER Henry Walsh & Son, Inc.

(Address) 1320 Eager St

21. FILED 1938 Wilmington, N.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-9-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Gilbert M. D.

Coroner

(Address) 1331 E. Lexington St.

5703 HEALTH DEPARTMENT—CITY OF BALTIMORE Ref 1129

CERTIFICATE OF DEATH

94-a

Registered No. 15703

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4248 Pimlico Rd St. 5-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Goldman

(a) Residence: No. 4248 Pimlico Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Goldman

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Louis Herman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mitchel Goldman

(Address) 127 Venton Terrace

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebr. Date 4-11-38

UNDERTAKER Jack Levy Inc

(Address) 1439 E Balto St

FILED 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-38

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1937 to April 9, 1938

I last saw h alive on April 9, 1938 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 24 1937

Hypertension — Date of onset Dec 1930

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M. D.

(Address) 1510 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

45704

CERTIFICATE OF DEATH

F 45704

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals, 186-a

CITY OF BALTIMORE: (No. Bay View St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur J. Ervin

(a) Residence: No. 206 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola G. Ervin

6. DATE OF BIRTH (month, day, year) Dec. 17 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Emery Ervin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Snyder

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. Viola G. Ervin

(Address) 206 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Apr. 13 1938

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North Eden Ave.

20. FILED 19

Registrar

APR 11 1938 Washington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	April 1938
Other contributory causes of importance	March
Fracture right femur	30 yrs.
Fracture right clavicle	

Was an operation performed? Yes Date of April 6-1938

For what disease or injury? Fracture

Name of operation Wire inserted Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 19 38

Where did injury occur? Bath & Woodbourne Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Filling Station

Manner of injury Fell down cellar hole

Nature of injury Fracture as stated

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. Wood, M. D.

Coroner

(Address) 1712 N. Gay St.

5705 C 15705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Poppleton St. St. 14-3 Ward)

Length of residence in city or town where death occurred about 2 yrs 6 mos. ? ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert R. Linkous

(a) Residence: No. 14 S. Poppleton St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Crable

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Blacksburg Virginia

FATHER

13. NAME John H. Linkous

14. BIRTHPLACE (city or town) (State or country) Blacksburg Va.

MOTHER

15. MAIDEN NAME Elizabeth Hamaker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John H. Linkous
(Address) 926 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place East Hill Cem Date 4/12/38. 19

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.,

20. FILED 1938 Huntington Williams, Actg Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning by Illuminating Gas	38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury April 9 1938

Where did injury occur? 14 S. Poppleton St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Inhaled by burning or ingesting poison

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 726 Fallsway

E 6

✓ F 45706

45706 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Penrose Ave St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR

2. FULL NAME Ida Ann Stephens

(a) Residence: No. 1901 Penrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin M. Stephens

6. DATE OF BIRTH (month, day, year) June 6 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME George W. Morgan

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME ? Combs

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT D. Naomi Foltz

(Address) Arbutus Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 4-12- 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

APR 1938 Huntington Williams, Reg. Embalmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9- 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1- 1938 to April 9- 1938

I last saw h.. alive on April 9 1938. Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	4-1-38
Other contributory causes of importance:	
Hypertension	unknown

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? P-S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Piland, M. D.

(Address) 2532 Edmondson ave

5707 HEALTH DEPARTMENT—CITY OF BALTIMORE 5707

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 12-6 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Frank Estrader

(a) Residence: No. St., Ward. Pocomoke City, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dobres Pearl Estrader

DATE OF BIRTH (month, day, year) May 18, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto tourist camp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) February 1938

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Jon Estrader

14. BIRTHPLACE (city or town) (State or country) ? Spain

15. MAIDEN NAME Philina ?

16. BIRTHPLACE (city or town) (State or country) ? Spain

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place New York N.Y. Date 4/11- 1938

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. FILED 19 Registrar

Huntington Philadelphia

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to April 10, 1938

I last saw h. in alive on April 10, 1938. Death is said to have occurred on the date stated above, at 2:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder with metastasis to mediastinum, liver and right femur	unknown
Other contributory causes of importance: Abscesses, multiple, right lung	3-22-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) K L Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

✓ F 45708

5708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-3

Registered No.

1. PLACE OF DEATH 17 S. High St.

CITY OF BALTIMORE: (No. S. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Shalcosky

(a) Residence: No. 711 E. Eagle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Shalcosky

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Shalcosky

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Catherine Kralik

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Catherine Shalcosky

(Address) 631 Church St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, Cem. Date 4-12 1938

19. UNDERTAKER W. S. Finkowski

(Address) 2007 Eastern Ave

4-13 1938 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4 hrs.
Acute Alcohol	
	4 years

Other contributory causes of importance: Arteriosclerosis Chronic

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 111 N. Bond St.

F 45709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-3 Ward)

Length of residence in city or town where death occurred 2/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie James

(a) Residence: No. 719 S Broadway St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 9/30/04

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rose Swenson

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date April 14 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1938 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1936 to April 11, 1938

I last saw her alive on April 11, 1938. Death is said to have occurred on the date stated above, at 2:15-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Mitral Stenosis & Insufficiency	
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. F. Helmholz M. D.

(Address) Johns Hopkins Hosp.

E 15710

HEALTH DEPARTMENT—CITY OF BALTIMORE

15710

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen Hosp

CITY OF BALTIMORE: (No. ..... St. 9-E Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify W or D Record

2. FULL NAME Mrs Anna C Darling

(a) Residence: No. 2207 Hanewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 26th 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10a. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME James H. Darling

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Mary Ann Shaw

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT James A. Darling

(Address) 2502 Roslyn Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 13th 1938

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED 4-11-1938 Huntington Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938 to 4-11, 1938

I last saw her alive on 4-11, 1938. Death is said to have occurred on the date stated above, at 12 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio	
Vascular disease	
Auricular fibrillation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H Weaver M. D.

(Address) Md Gen Hospital

14

V E 15711

15711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. Lafayette Ave Ward) Lifes

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Ackenback If U. S. Vet. specify War (No Record)

(a) Residence: No. 420 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): Mar-5 1868

7. AGE: Years: 70 | Months: 1 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sa M 5045

10. Date deceased last worked at this occupation (month and year): 193

11. Total time (years) spent in this occupation: 7 x

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Henry Ackenback

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Margaret Ackenback

(Address) 1926 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Pk Date 4-14 19 38

19. UNDERTAKER: Williams Cook

(Address) 1217 St Paul St.

19 38 Arlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 8 1938 to April 10 1938

I last saw h. alive on April 10 1938. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No ..... If so, specify .....

(Signed) Philip A. Hyman, M. D.

(Address) 423 E. North Ave.

15712 ✓ E 15712

HEALTH DEPARTMENT—CITY OF BALTIMORE

15712

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Oak St. 12-7 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sara L. Walker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2230 Oak St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ or WIFE of Samuel B. Walker

7. DATE OF BIRTH (month, day, year) Dec 8th 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Reginald Walker (Address) 2230 Oak St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 4/12/ 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 1938 to April 9 1938

I last saw him alive on April 9 1938 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular hypertension — Date of onset ?

Other contributory causes of importance: Cerebral Hemorrhage — March 26 1938

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical Examination

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If ~~so~~ specify ...

(Signed) Thomas Fekle M. D.

(Address) 2430 Maryland Ave

15713 E 15713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 304 N. Monroe St., 20-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William L. Schotta
(a) Residence: No. 304 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Schotta

DATE OF BIRTH (month, day, year) Dec. 23-1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME OF FATHER Charles Schotta
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME OF MOTHER Margaret Thomp
16. BIRTHPLACE (city or town) (State or country) England
17. INFORMANT Miss Cora E. Schotta
(Address) 2151 Wilkens Ave
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr 12 38
19. UNDERTAKER George L. Schwab
(Address) 2101 Eutaw Ave

20. FILED 19
Apr 1 1938 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to Apr 10 1938
I last saw him alive on April 10 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension. Arteriosclerosis. Cerebral Embolism. Senility.	

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Herbert C. Kifer M. D.
(Address) 2151 Wilkens Ave.

M. D. F. 1268-9

45714 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15714

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S. Monroe St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar W. Albrecht

(a) Residence: No. 304 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: S. Mae Albrecht

6. DATE OF BIRTH (month, day, year): February 3-1878

7. AGE: Years: 60 | Months: 2 | Days: 6 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary and Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: S. Ritter & Sons.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: Charles Albrecht

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME of mother: Margaret Blanker

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. S. Mae Albrecht 304 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL: Place: London Park Date: April 12 1938

19. UNDERTAKER (Address): George L. Schmat. 2101 Frederick Ave.

20. FILED: 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 1938 to April 9 1938

I last saw h/M alive on April 9 1938 Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditi's	1937
Other contributory causes of importance: Myocardial Insufficiency	4-2-38

Name of operation NONE Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) 617 W 40th St

15715 F 45715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Tunbridge Rd St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 11 da. How long in U. S. If of foreign birth 71 yrs. 6 mos. 11 da.

2. FULL NAME Elizabeth Genievive Armiger

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 320 Tunbridge Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jos. L. Armiger

6. DATE OF BIRTH (month, day, year) Sept 29-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Terrence Lannon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Harding

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Herbert L Jennes (daughter)

(Address) 320 Tunbridge

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April-12-1938

19. UNDERTAKER Stewart & Co.

(Address) 108 Uhler Ave

20. FILED ..... 19 ..... Registrar.

APR 12 1938 Thos Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to April 9 1938

Last saw her alive on April 9 1938 Death is said to have occurred on the date stated above, at 8½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	over

Other contributory causes of importance:

Hypertension — Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) C. E. Trautman M. D.

(Address) 1125 St Paul

5716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45716

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Calvert St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ida Miriam Alstrom

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1018 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew G. Alstrom

7. DATE OF BIRTH (month, day, year): Jan-4-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

13. NAME OF FATHER: Mr Brumbach

14. BIRTHPLACE (city or town) (State or country): Kentucky ? ?

15. MAIDEN NAME OF MOTHER: unknown ? ?

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT: Mr J. T. Alstrom (son)

(Address): 710 Wyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apr-12 1938

19. UNDERTAKER: Stewart & Company

(Address): 1 E Lexington St

FILED APR 12 1938

Registrar

Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): APR. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from FEB. 23, 1938, to APR 10, 1938

I last saw her alive on Apr. 10, 1938. Death is said to have occurred on the date stated above, at 5-42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	FEB. 1938
PULMONARY INFARCTION	FEB. 1938
BRONCHIAL-PNEUMONIA	APR 6, 1938

Other contributory causes of importance:

ARTERIOSCLEROSIS	MANY YEARS
DIABETES MELLITUS	1920 ?

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? x ray etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph G. Hills, M. D.

(Address) 1 E Eager St.

45717 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45717

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Melvin F Kline

If U. S. Veteran specify WAR

(a) Residence: No. 36 Flagship Rd. Govdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Nellie Smith (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Nov. 29, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) March 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Fullmore Kline

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Melvin F Kline

(Address) 36 Flagship Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md. 4/12, 1938

19. UNDERTAKER Harry H Weltzke

(Address) 418 Edmondson Ave.

20. FILED 4/12 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 11, 1938

I last saw h[illegible] alive on April 11, 1938 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pneumonia	April 9
Acute gastritis	April 1
Chronic alcoholism	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H Pembroke Jr. M. D.

(Address) Mercy Hospital

45718 F 45718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32'50 SF

95-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St. 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Scott

(a) Residence: No. 649 W. Mulberry St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of unk.

DATE OF BIRTH (month, day, year) 6/5/~~1872~~ 1876.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~52~~ 61 ~~53~~		10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME James Powell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline Distance

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, ~~CREMATION~~, OR REMOVAL Date 4/13/38

Place Mt. Lebanon

UNDERTAKER Wm. A. Jackson

(Address) 916 Penna Ave

FILED Huntington Williams M.D.

APR 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 8, 1938

I last saw her alive on April 8, 1938. Death is said to have occurred on the date stated above, at 8 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-38

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

45719

HEALTH DEPARTMENT—CITY OF BALTIMORE

45719

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Yes Record

2. FULL NAME Agnes KNOPP

(a) Residence: No. 1536 N. CAROLINE St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas E. Knopp

7. DATE OF BIRTH (month, day, year) Oct 28th 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (W37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Thomas A. Poole

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Elizabeth Slade

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Thomas E. Knopp

(Address) 1536 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hickory Md Date April 13th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 4-12-1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938 to April 11, 1938

I last saw h Rt alive on April 11, 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRAIN TUMOR	
	ovrv

Other contributory causes of importance:

Was an operation performed? yes Date of 3-26-38, 3-29-38, 4-7-38

For what disease or injury? No

Name of operation Left cranial trephine & Ventricular Puncture

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James J. Caldwell, M. D.

(Address) Sinai Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45720

CERTIFICATE OF DEATH

5720)

Registered No. 16-6 134

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt Gen'l Hosp. St. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Bowers.

(a) Residence: No. Dundalk Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bowers.

7. DATE OF BIRTH (month, day, year) Jan 15, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Bowers

(Address) 6743 Roberts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Apr 12 38

19. UNDERTAKER: John Ulrich

(Address) 2006 Orleans St

P 8 12 38 Registrar

Copy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4-38, 1938, to April 10, 1938

I last saw h.. alive on April 10, 1938. Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 1,
Cardiovascular renal disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Milton Fenn, M. D.

(Address) WBGH

M. D. B. 1268-9

F 45721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45721

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Kresson St., 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura M. Brown

(a) Residence: No. 15 S. Kresson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Brown

6. DATE OF BIRTH (month, day, year) August 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home 37

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 49 yrs

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Frank Sellers

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sara Lemley

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Mr Wm Brown

(Address) 15 S Kresson St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Apr 16 1938

19. UNDERTAKER John Ulrich

(Address) Govt Bulletin

20. FILED Apr 16 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to April 11, 1938.

I last saw her alive on April 10, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	
Cerebral Hemiplegia	

Other contributory causes of importance:

Bronchial pneumonia

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. H. Thomson, M. D.

(Address) 1034 Cathedral St

45722 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45722

CERTIFICATE OF DEATH

Registered No. 94.W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E. Oliver St. 8-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas A. Dean

(a) Residence: No. 2213 E. Oliver St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Dean

DATE OF BIRTH (month, day, year) Dec. 10, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift & Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George A. Dean

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth J. Devlin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Martha E. Dean
(Address) 2213 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 4-11 1938

19. UNDERTAKER Frederick A. Pole
(Address) 1700 W Lombard St

20. FILED APR 12 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 4-7, 1938

I last saw him alive on 4-7, 1938 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	4/6/38
Other contributory causes of importance: Angina Pectoris Major	4/6/38

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) David Weller M. D.

(Address) 1801 N Broadway

M. D. P. 1268-9

45723

F 45723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square St. 16-7 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Chas H. Mitchell

(a) Residence: No. 3006 Brighton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Mitchell

7. DATE OF BIRTH (month, day, year) March 14 1894

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellaire Ohio

13. NAME John Osthoff

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Charlotte Warriner

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT James Mitchell

(Address) 3006 Brighton St

17. BURIAL, CREMATION, OR REMOVAL

Place Meadow Ridge Date 4-17-38 19

UNDERTAKER Frederick A. Cole

(Address) 1217 Westwood Ave

FILED APR 17 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29 1938 to April 5 1935

I last saw her alive on April 5 1935 Death is said to have occurred on the date stated above, at 1 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Peritonitis	4-4-35
Bronco Pneumonia	4-7-35
Other contributory causes of importance: Carcinoma Endometrium	4-2-35

Name of operation D&C Date of

What test confirmed diagnosis Biopsy Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Franklin Sq Hosp

45724 E 45724

45724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 W. Hamburg St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse A. Downey

(a) Residence: No. 1139 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth L. Downey

DATE OF BIRTH (month, day, year) April 22, 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) ..... If. Total time (years) spent in this occupation .....

11. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Jesse A. Downey

13. BIRTHPLACE (city or town) (State or country) Howard County Md.

14. MAIDEN NAME Mary E. Snapp

15. BIRTHPLACE (city or town) (State or country) Howard County Md.

16. INFORMANT (Address) Marie A. Wink 1139 W. Hamburg St.

17. BURIAL, CREMATION, OR REMOVAL Place Ivy Hill, Laurel Date 4/13/38 19

18. UNDERTAKER (Address) Frederick G. Cole 1200 W. Lombard St.

19. FILED ..... 19 ..... Registrar

4-12-1938 Huntington Nottaway, Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1938, to Apr 10, 1938

I last saw h.l.v. alive on Apr 10, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	?
C	
Other contributory causes of importance: Edema Pulmonary	4/7/38

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) C P Rositing M. D.

(Address) 2623 Washington Blvd

M. D. P. 1268-9

F 45725

45725 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Hunter St 12-H Ward)

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Green

(a) Residence: No. 2006 Hunter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

7. DATE OF BIRTH (month, day, year): 1884

8. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General housework

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

13. NAME: Henry Johnson

14. BIRTHPLACE (city or town) (State or country): South Carolina

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lucie Simpson

(Address): 2006 Hunter St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date 4/13 1938

19. UNDERTAKER: Francis A. Hemsley Jr

(Address): 278 W Biddle St

APR 12 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 21 1938 to Apr 10 1938

I last saw her alive on Apr 10 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Undetermined
Other contributory causes of importance: Rheumatism + Pericarditis	

Name of operation: None Date of: None

What test confirmed diagnosis: Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) P. Garland Abercrombie M. D.

(Address) 1834 Eutaw Pl

15726 E 45726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 N. Fulton Ave. St. 15-2 Ward)

Length of residence in city or town where death occurred 60 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME AGNES J. STEWART

(a) Residence: No. 1631 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MILTON STEWART

DATE OF BIRTH (month, day, year) April 2, 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James W. Jordan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Deliah Ann Shilling

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary S. Collenberg
(Address) 116 Witherspoon Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date April 12, 19

19. UNDERTAKER John Waterhall & Sons
(Address) 1900 Eutaw Place

20. FILED 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from December, 1929 to April 9, 1938

I last saw her alive on April 9, 1938. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Cerebral Hemorrhage	Apr. 4, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry T. Collenberg, M. D.

(Address) 2 W. Read Street

45727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45727

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Linden Ave. & Lake Drive Riviera Apts. St., 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon M. Hanline

(a) Residence: No. Riviera Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosetta B. Hanline

DATE OF BIRTH (month, day, year) Mch. 16, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mnfgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Maurice Hanline,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Naumberg,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mr. L. Hanline, Riviera Apts.

18. BURIAL, (CREMATION) Place Balto. Hebrew Cem. Date Apr. 12, 1938

19. UNDERTAKER (Address) David Lenderman & Son 1902 Eutaw Place.

20. FILED APR 12 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to April 9, 1938.
I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 4.23 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	April 3,
Other contributory causes of importance:	
Mediastinal Tumor over	5 years.
Bronchopneumonia	6 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray of Chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Sherry M. D.
(Address) Medical Arts Building

15728

E 45728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Fleet Str. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Feliksa Malinowska

(a) Residence: No. 1718 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kasimir Malinowski

DATE OF BIRTH (month, day, year) 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wilinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Obricki Daughter

(Address) 1718 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Apr. 13 38

19. UNDERTAKER Fred W. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED APR 12 1938 Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to April 11, 1938.

I last saw her alive on April 10, 1938 Death is said to have occurred on the date stated above, at 2.15P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 4/9/38

Other contributory causes of importance:

Chronic Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.M. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kruger, M. D.

(Address) 1529 Eastern Ave

F 45729

45729 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Mach

(a) Residence: No. 2205 Duker Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Adam Mach

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Magdalina Borgula

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam Mach
(Address) 2205 Duker Court

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Apr. 13 1938

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

APR 12 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Diabetic Coma	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schaefer M. D.
Coroner

(Address) Coroner

15730 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15730

CERTIFICATE OF DEATH

Registered No. 1572

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 114 S. Wolfe St. 2-1 Ward)

Length of residence in city or town, where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maryanna Kacprzak

(a) Residence: No. 114 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of or WIFE of Ignacy Kacprzak

6. DATE OF BIRTH (month, day, year) [illegible] 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER'S FATHER

13. NAME Biedronski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Biedronski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Kacprzak

(Address) 114 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 13 1938

19. UNDERTAKER Fred W Ostrzenski

(Address) 1932 Eastern Ave.

20. FILED [illegible] 19 Registrar

APR 13 1938

S C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days
	20 yrs
Other contributory causes of importance Valvular heart	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 114 S. Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

45731

CERTIFICATE OF DEATH

167 F 45731

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. University Pky St.) (12 Ward)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth 33 yrs. 7 mos. 2 ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph L'Entremont Holman

(a) Residence: No. 100 W University Pky St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Aurine B. Holman

6. DATE OF BIRTH (month, day, year) July 8 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co.

10. Date deceased last worked at this occupation (month and year) April 8 1938

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Stoneham Mass

FATHER

13. NAME Ralph H. Holman

14. BIRTHPLACE (city or town) (State or country) Worcester Mass

MOTHER

15. MAIDEN NAME Beatrice L'Entremont

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Mrs Aurine B. Holman wife

(Address) 1004 University Pkway

18. BURIAL, CREMATION, OR REMOVAL

Place Emmart Date Apr 12 1938

19. UNDERTAKER Stuart Morgan Co.

(Address) 1014 Druid Ave.

FILED APR 12 1938 Huntington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) said that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide Revolver shot — Duration 4/10/38

Other contributory causes of importance: acute mental Depression

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide suicide Date of injury 4-10, 1938

Where did injury occur? At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home bed room

Manner of injury Revolver shot

Nature of injury Through Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15732

CERTIFICATE OF DEATH

F 15732

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 McDonogh St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maria Johnsen

(a) Residence: No. 806 McDonogh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Johnsen

6. DATE OF BIRTH (month, day, year): May 15-1877

7. AGE: Years 61 | Months 0 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caroline Co Va

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Alda Royal

(Address) 806 McDonogh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Apr-12-1938

19. UNDERTAKER Mrs R. E. Elliott + Daughter

(Address) 1129 N. Carroll St.

APR 12 1938

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Injury) thereon and from the evidence adduced by said (Inquest, Autopsy or Injury) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Embolism)	April 9
Other contributory causes of importance:	38

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roger S. Allen, M. D.
Coroner

(Address) 5 E Fayette St

5733 E 15733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 81

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. 27-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Fannie Kleppfish

(a) Residence: No. Hebrew Home for Aged & Infirm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Moses Kleppfish

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Fruda Abramman

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Sigmund Feinblatt
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Date June 12 1938
Levan Mt Carmel

19. UNDERTAKER Lee Levinson Bro
(Address) 1124-26 W Northern

20. FILED 19 Washington-Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1929 to 4-12 1938

I last saw her alive on 4-11 1938 Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Amyotrophic Lateral sclerosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

HEALTH DEPARTMENT—CITY OF BALTIMORE

45734

CERTIFICATE OF DEATH

82-a F 45734

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Gwynn Oak Ave 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augustus Caesar Cover

(a) Residence: No. 4801 Gwynn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida W. Cover

DATE OF BIRTH (month, day, year) Apl. 2, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cut Nail Op

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prudential Ins Co

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

13. NAME Jacob Cover

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Sarah E. Keefer

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT (Address) Mrs A. P. Cover 4801 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Apr 13 38

19. UNDERTAKER (Address) Wm McKenrick Sons. North & Pa Aves

19. PR 12 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937 to April 10 1938

I last saw h alive on April 8 1938 Death is said to have occurred on the date stated above, at 8.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1931
Chronic Hypertension	1935
Other	38
Pneumonia Lobar	3 Days

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) H. E. Shaw M. D.

(Address) 416 Eastern Ave

BRUIN

HEALTH DEPARTMENT—CITY OF BALTIMORE

45735

CERTIFICATE OF DEATH

53-C F 45735

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Hazlett Ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dr. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles William Bruin

(a) Residence: No. 400 Hazlett Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (~~wife~~) Anna Bussard Bruin

DATE OF BIRTH (month, day, year) May 15-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Production Mgr

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beef Glass Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME William C. Bruin

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME Emma Moore

15. BIRTHPLACE (city or town) (State or country) Virginia

16. INFORMANT Mrs Anna B Bruin
(Address) 400 Hazlett Ave

BURIAL, CREMATION, OR REMOVAL Woodlawn Apr 12 38

UNDERTAKER J. Fred Tetrault, Jr.
(Address) 1 E Pa

APR 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, ... 1937 to April, 10 ... 1938

I last saw him alive on April, 10, 38 ... 19... Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Right Cerebrum	1937 ?
Other contributory causes of importance:	

Was an operation performed? Yes Date of January, 27, 38

For what disease or injury? Brain tumor

Name of operation Exploration of Cerebrum.

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ... 19...

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
0 If so, specify ...

(Signed) W. Floyd Johnson M. D.

(Address) Catonsville Md

45736 F 45736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME JAMES COLLINS

(a) Residence: No. 1724 McCABIN St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	COLORED	WIDOWED

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) MARYLAND

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 12 1938

Commissioner of Health

19. UNDERTAKER
(Address) For H. A. Magro

20. FILED APR 13 1938 [illegible] Registrar.

3942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1938, to 4-5, 1938

I last saw him alive on 4-5, 1938 Death is said to have occurred on the date stated above, at 7:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gangrene of Both upper Lower Extremities	
2. Exposure	about
3. PULMONARY EDEMA	
Other contributory causes of importance:	

Was an operation performed? N-D Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. L. Jackson M. D.

(Address) President Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32344 SF

F 15737

CERTIFICATE OF DEATH

108 F 15737

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Carl Pfeiffer

If U. S. Veteran specify WAR

(a) Residence: No. 2325 E. Preston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/1/1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lillie Schwartz

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4-13-1938

UNDERTAKER John C. Miller Inc.

(Address) 2432 E. Oliver St.

FILED APR 12 1938 Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to April 10, 1938

I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-5-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. De Saulles M. D.

(Address) Baltimore City Hospitals

5738 ✓ F 45738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542-W. Broadway St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Gross Kelly

(a) Residence: No. 1542-W. Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara (Woodward)

7. DATE OF BIRTH (month, day, year) Oct. 9th, 1899

AGE Years	Months	Days	If LESS than 1 day old, Hours or min.
38	5	29	/

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.G.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John I. Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rose V. Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Donald Kelly (Address) 1542-W. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 4/13/38 19

19. UNDERTAKER Geo. P. Patterson, Inc. (Address) 1720-Pennsylvania Ave.

Filed 4/12 1938 Huntington Wilkinson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible] that I last saw him alive on [illegible] and that death occurred at the hour stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Penna

F 45739

45739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4 Pratt St St., 7- Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thornwell Tyson

(a) Residence: No. 127 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Ellicot Tyson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Augusta Hine

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Lilly Moats

(Address) 202 N. 41st St N.E Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. April 12 1938

19. UNDERTAKER Lothie Gross

(Address) 1402 Ashland Ave

FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-7 1938

Where did injury occur? Pier 4 Pratt St Patapsco River
(Specify city or town, County, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Drowning

Nature of injury Filling of lungs with water

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

F 45740

5740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH 1139 N. Franklin St. 18-2
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Jackson Reddick
If U. S. Veteran specify WAR

(a) Residence: No. 1139 N. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-30-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va.

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va.

15. MAIDEN NAME Dottie Jones

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Estus Fisher

(Address) 1139 N. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park Date April 16, 1936

19. UNDERTAKER Charles E. Cooper

(Address) 574 N. Calhoun St.

20. FILED April 16, 1936 Arlington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936 to April 10, 1936

I last saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Accepted Pneumonia

Date of onset April 3, 1936

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

E 15741

5741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53-D

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25 Ward)

Length of residence in city or town where death occurred ..yrs. mos. 26 da. How long in U. S. If of foreign birth?.....yrs. ..mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elizabeth Wilson

(a) Residence: No. 105 Newburg ave St., Catons. md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Wilson

DATE OF BIRTH (month, day, year) Jan. 26, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER C. Patterson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hutchinson

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Chas E. Wilson, (Address) Catonsville md.

BURIAL, CREMATION, OR REMOVAL Loudon Park Date Apr. 13 19 38

UNDERTAKER Easton Sons (Address) Edmondson Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1938, to 4-11, 1938

I last saw h alive on 4-11 1938 Death is said to have occurred on the date stated above, at 9:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/28/38

Other contributory causes of importance:

Malignant tumor of sigmoida & metastasis to liver & other organs

Was an operation performed? Date?

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M.D.

(Address) St. Agnes Hospital

405-2 (Beraccua) ✓ F 15742

15742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bert Beraccua If U. S. Veteran specify WAR

(a) Residence: No. 15-37 Whitney Ave St., Ward. Niagara Falls N Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Alive Alice

DATE OF BIRTH (month, day, year) 12/22/04

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Peter Beraccua

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Cazziola

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Decnas. (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Niagara Falls N.Y. 4-12 ss

UNDERTAKER John O Mitchell & Son (Address) 1400 Eutaw Pl

FILED ... 19 ... Registrar

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to Apr 12, 1938

I last saw him alive on Apr 12, 1938 Death is said to have occurred on the date stated above, at 12 17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum + asc colon	
post operative ileus	
wound disruption	

Other contributory causes of importance:

Was an operation performed? Yes Date of Apr 5 1938

For what disease or injury? Ca

Name of operation Resection of cecum + asc colon

What test confirmed diagnosis? Hist Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. L. Pearrell, M. D.

(Address) Johns Hopkins Hosp.

15743 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15743

94-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1268 Riverside Ave St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac M. Marsh

(a) Residence: No. 1268 Riverside Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Marsh

7. DATE OF BIRTH (month, day, year) Jan. 26 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac Marsh

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary E. Walker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Bessie Marsh

(Address) 1268 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 13 1938

19. UNDERTAKER D. Fow McCully

(Address) 130 E. Fort Ave

20. 1938 Huntington Williams, M.D. Registrar.

6 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 10, 1938. I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 mos

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. J. Wheeler M. D.

(Address) 1279 Millvale Ave

5744 ✓ L 15744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Gorsuch Ave. St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna J. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1108 Gorsuch Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Miller

7. DATE OF BIRTH (month, day, year) April 26-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	76	11	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel C. Lennan

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Sarah Kennard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John M. Sullivan

(Address) 608 W. 36th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date April 13/38

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. FILED ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 . 193? to April 9 . 1938

I last saw her alive on April 7 . 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/9/38
Other contributory causes of importance: Arteriosclerosis, Hypertension, Myocarditis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Alan B Lennan M. D.

(Address) 718 N. Patterson Pk. ave

E 45745

45745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Burcham

(a) Residence: No. Belair, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-6-37

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Mayo
(State or country) Md

13. NAME OF FATHER John Burcham

14. BIRTHPLACE (city or town) Roaring River
(State or country) N. C.

15. MAIDEN NAME OF MOTHER Iris Poplin

16. BIRTHPLACE (city or town) Ronda
(State or country) N. C.

INFORMANT Mother
(Address) Belair

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date April 15 1938

UNDERTAKER Henry Fanning & Sons
(Address) Aberdeen Md

FILED APR 13 1938 Huntingtown Williamsburg N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11- 1938 to 4-12- 1938

I last saw him alive on 4-12- 1938 Death is said to have occurred on the date stated above, at 3 35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Interstitial Bronchopneumonia	4-7
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. H. Webster M. D.

(Address) Belair Md

M. D. P. 1268-9

45746

F 45746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 E. North Ave. Ward 12-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret M. Richardson

(a) Residence: No. 424 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James Richardson

6. DATE OF BIRTH (month, day, year): Dec. 19-1859

7. AGE: Years 78; Months 3; Days 23; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: James Bonneville

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Sawyer

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Wood Richardson

(Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL: Salisbury Md. Date Apr. 17, 1938

19. UNDERTAKER: Roop & Conway

(Address) 711 Broadway

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938 to April 12, 1938

I last saw her alive on April 2, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) [illegible] M. D.

(Address) 1123 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15747

45747

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH: St. Joseph's Hospital St. 8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna M. Holbrook

(a) Residence: No. 1827 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W	Married

6. If married, ~~widowed, or divorced~~ (or) ~~HUSBAND of~~ WIFE of Robert M. Holbrook

7. DATE OF BIRTH (month, day, year) Sept 12th 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Charles A. Allard

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Anna R. Edwards

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robert M. Holbrook
(Address) 1827 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 14th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 4-18 1938 Huntington Wilbanks, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 11 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 9 - 1938 to 4 - 11 - 1938

I last saw her alive on 4 - 11 - 1938 Death is said to have occurred on the date stated above, at 10 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20-38
Other contributory causes of importance: Chronic Myocarditis with Auricular Fibrillation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert E. Rubenstein M. D.

(Address) St Joseph's Hospital

15748 E 15748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Charles Smith

(a) Residence: No. 1236 W. Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Smith

6. DATE OF BIRTH (month, day, year) Apr. 29 1880.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blue Cab Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mamie Smith

(Address) 1236 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Apr. 13 1938

19. UNDERTAKER William Cook

(Address) 217 St Paul St

Filed Apr 13 1938 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Pulmonary Hemorrhage	Apr 11

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. Hanna Coroner, M. D.

(Address) 1822 W. Baltimore St.

15749 E 15749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 95 B 31858--hw

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dora Tuck

(a) Residence: No. 545 West St. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Tuck

DATE OF BIRTH (month, day, year) 9/28/1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richard Graham

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Dora Gravett

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Lafayette Date 4/18/38 19

UNDERTAKER Isaac Ladd Brown & Son

(Address) 108 W Montgomery St

FILED ... 19 ... Registrar.

APR 3 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to April 12, 1938.

I last saw her alive on April 12, 1938. Death is said to have occurred on the date stated above, at 12 00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santville M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45750 ✓ 82-a F 45750

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Gilman St., Feb 3-6 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ida Brown.

(a) Residence: No. 3326 Gilman Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Brown.

6. DATE OF BIRTH (month, day, year) March 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles W. Duncan.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Irving E. Brown.
(Address) 3326 Gilman Terrace

18. BURIAL, CREMATION, OR REMOVAL
Woodland Park Date April 13, 1938

19. UNDERTAKER Ebenezer Hon.
(Address) 2615 W. Pratt St.

20. FILED APR 13 1938 Huntington Hathaway M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/9/38, 19..., to 4/11/38, 19... I last saw h... alive on 4/11/38, 19... Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Other contributory causes of importance: Hypostatic Pneumonia (Complete Loss)	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, when? No

(Signed) H. H. Hathaway M. D.

(Address) The Cedrick

F 45751

5751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 15-10

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4008 Fenhurst Ave St., 45 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisia Campbell Rullington
U. S. Veteran
Specify WAR

(a) Residence: No. 4008 Fenhurst Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
F.	W.	Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert H. Rullington

DATE OF BIRTH (month, day, year) Aug 16-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Allen Md.
13. NAME Isaac Woodoine
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Ann M Layfield
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mrs Louisa J Rullington
(Address) 4008 Fenhurst Ave
18. BURIAL, CREMATION, OR REMOVAL Apl 14 38
Place Allen Wicomico Co Md
19. UNDERTAKER Putnam & Sons
(Address) 222 N Charles St

FILED Apr 13 1938 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY That I attended deceased from March 5 1938 to April 11 1938. I last saw h~~e~~r alive on April 10 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Failure	

Other contributory causes of importance: Arteriosclerosis - Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O Walter Sparrow M. D.

(Address) 3603 Edmondson

5752

F 45752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 N Central Ave, 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mabel Washington

(a) Residence: No. 1222 N. Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Cornelius Washington

6. DATE OF BIRTH (month, day, year): Sept 10-1895

7. AGE: Years: 42; Months: 7; Days: 1; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D C

13. NAME: James Stewart

14. BIRTHPLACE (city or town) (State or country): D. C.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Cornelius Washington

(Address) 1222 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date April 14th. 1938

19. UNDERTAKER: Byron Thomas W. Knight

(Address) 718 McCulloh St

Filed April 13 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemiplegia — Date of onset: April 11 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 50 S. Augusta Ave

45753

F 45753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S Regester St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Scott

(a) Residence: No. 18 So Regester St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Scott 1409

6. DATE OF BIRTH (month, day, year) April 5-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmville Va

13. NAME Edward Weaver

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mattie Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Brown

(Address) 18 So Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4-13th 1938

19. UNDERTAKER Peter Thomas H. Wright

(Address) 1 N Eutaw St

20. FILED Apr 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible], that I last saw the deceased alive on [illegible], and that said deceased came to death on the day stated above, at [illegible] (Hour)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia Phthisis	Feb 1 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George L. Allen M. D.

Coroner

(Address) 150 Washington Ave

5754

F 45754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 123

Registered No. 3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital St. 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Harry A. Bayne

(a) Residence: No. 7. S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia A Bayne

7. DATE OF BIRTH (month, day, year) Dec 25, 1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month, day, year) 1937

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Bayne

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Christina Arnold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Grace A Flask
(Address) Glen Arm P.O. Baltimore Co

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 15 38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED 4-13-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 1938 to April 12 1938
I last saw him alive on April 12 1938. Death is said to have occurred on the date stated above, at 3.30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance:
Fecal fistula & abscess of old McBurney scar. Generalized arteriosclerosis.

Name of operation Resection Ileum & terminal Sigmoid Date of 4-7-38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in answers to following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify)

(Signed) O. J. Battaglia M. D.
(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45755 54 F 45755

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto Gen Hosp

CITY OF BALTIMORE: (No. ..... St. 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran give date and WAR

2. FULL NAME James Alexander Kershner (James Alexander Kershner)

(a) Residence: No. 3001 Ferndale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Della E. Kershner

DATE OF BIRTH (month, day, year) May 1st 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Franklin Day School

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Ansonia, Ohio.

13. NAME Nathaniel Kershner

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Dorothy Brandon

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Mrs. Della E. Kershner

(Address) 3321 Winterbourne Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Ansonia, Ohio. Date April 13th '38

UNDERTAKER J. J. Tschopp & Sons

(Address) [illegible]

FILED APR 13 1938 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1938 to 4-12, 1938

I last saw him alive on 4-12, 1938 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Chronic Myocarditis with decompensation	?
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15756 ✓ 131

CERTIFICATE OF DEATH

Registered No. E 15756

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 S Ellwood Ave St. 1 / 1-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Sears

(a) Residence: No. 417 S Ellwood Ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sears

DATE OF BIRTH (month, day, year) Dec 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Nickum

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elmira Button

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Conrad Minschutz

(Address) 417 S Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date April 13 38

UNDERTAKER Lillye Zeiters

(Address) 403 S Goodwin St

Huntington Pittsburgh Pa

FILED APR 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to April 10, 1938

I last saw h[illegible] alive on April 10, 1938 Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1yr
Chr. Nephritis	
Other contributory causes of importance Acute Myocardial Insufficiency	3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. J. Douglas, M. D.

(Address) 1901 E. Baltimore

15757 HEALTH DEPARTMENT—CITY OF BALTIMORE 15757

CERTIFICATE OF DEATH

Registered No. 163

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 16-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph ~ Albright

(a) Residence: No. 1808 Dillon St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Albright

6. DATE OF BIRTH (month, day, year) July 1-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Factory

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mary Albright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lillian Morris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Albright (Wife)

(Address) 1808 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Apr 13 1933

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 1202 Gay St.

20. FILED ... 19... Registrar

APR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Poisoned by Strychnine (Date of onset)

Other contributory causes of importance:

Melancholia Acute (Date of onset)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury April 12 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Took Strychnine

Nature of injury Poisoned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 111 N. Greene St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15758 — CERTIFICATE OF DEATH — E 15758

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Dolly (Dollie) Schlostein

If U. S. Veteran specify WAR ____

(a) Residence: No. 600 Chapel Gate Lane St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced WIFE of / HUSBAND of: William Schlostein

DATE OF BIRTH (month, day, year): 1853

AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
84	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

13. NAME: George Ehrhardt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown Lambright

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Mr. Eugene Powell

(Address): 2306 Poplar Grove St.

BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: April 13 1935

UNDERTAKER: Hyland & Sukrow & Son

(Address): Pract & Penna Ave.

APR 13 1935 H. Easton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1934 to April 11, 1935

I last saw her alive on April 10, 1935 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 20 '34
Arteriosclerosis	
Other contributory causes of importance:	
Pneumonia	March 35

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. G. Dorsett M. D.

(Address) 3401 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45759

CERTIFICATE OF DEATH

✓ 82-4 F 45759

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 851 S. Paca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joel Olwell Gilmore Covell Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 851 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary Margaret Covell

7. DATE OF BIRTH (month, day, year): June 6, 1856

8. AGE: Years 81 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. Jan 73

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME of father: Wm Covell

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Geneva Tracey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Luther C. Covell
(Address): 851 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: Apr 4 38

19. UNDERTAKER: Wm Pickrell & Sons
(Address): 20th & Druid Hill Ave

APR 13 1938

Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937 to April 12, 1938.

I last saw him alive on April 11, 1938. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	3-14-38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward F. Mulcahy M. D.

(Address) 608 Washington Blvd

F 45760

45760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. 20-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Frederick Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriet E. Ford

(a) Residence: No. 3015 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Ford

DATE OF BIRTH (month, day, year) Sept 20, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F & G Co.

10. Date deceased last worked at this occupation (month and year) Dec, 1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William O. Huffington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah L. Emich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wesley D. Huffington

(Address) 3015 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date April 13 1938

19. UNDERTAKER Pratt C. E. M. Walters

(Address) Pratt & Stricker Sts

20. FILED Huntington Williams, Registrar.

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 to April 10, 1938

I last saw her alive on April 9, 1938 Death is said to have occurred on the date stated above, at 2.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis, Parkinsonian syndrome	1937
Other contributory causes of importance: Cardiac failure	4/6/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar F. Kemp, M. D.

(Address) 3330 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45761 — CERTIFICATE OF DEATH — F 45761

Registered No. 95-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Covington St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph L. Heitzer

(a) Residence: No. 1437 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced
HUSBAND of (or) WIFE of Catherine Heitzer

DATE OF BIRTH (month, day, year) Nov. 26. 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) germany

12. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) germany

INFORMANT Catherine Heitzer (Daughter)

(Address) 1437 Covington

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date April 15 1938

UNDERTAKER Margaret A. Flynn

(Address) 1422 Light St.

FILED APR 13 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 12, 1938.

I last saw him alive on April 12, 1938. Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerrebral Hemorrhage (anoplexy)	4/11/38
Other contributory causes of importance: General arterio sclerosis cardio vascular disease	?

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? - - -

no If so, specify

(Signed) Harry Heitzel M. D.

(Address) 1224-1226 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45762

CERTIFICATE OF DEATH

108 F 45762

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 South Stockton St., 18-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Fisher

(a) Residence: No. 42 South Stockton St., 18th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Lillian Fisher

7. DATE OF BIRTH (month, day, year) March 4, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillian Fisher

(Address) 42 South Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 13 1938

19. UNDERTAKER A. Jones

(Address) 111 S Eutaw St

Registrar

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to April 9, 1938

I last saw h im alive on April 8, 1938 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/1/38

Other contributory causes of importance:

Acute myocarditis — 4/7/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Walter Hemmeter M. D.

(Address) 201 N Carey St

HEALTH DEPARTMENT—CITY OF BALTIMORE

15763

CERTIFICATE OF DEATH

15763

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1103 Ward St. 21-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth A. Donnelly

(a) Residence: No. # 1103 Ward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Bernard J. Donnelly

6. DATE OF BIRTH (month, day, year) Dec 13, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME John Keating

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Thomas E. Donnelly
(Address) # 1103 Ward Street,

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Apr 15, 1938

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED APR 13 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 13, 1938

I last saw her alive on April 13, 1938 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-13-38
Other contributory causes of importance: Myocarditis Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas J. Foley M. D.

(Address) 836 Mosher St. Balt.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45764

CERTIFICATE OF DEATH

F 45764

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Ward St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard C. Bowen

(a) Residence: No. 1113 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie M. Cook Bowen

6. DATE OF BIRTH (month, day, year) June 17, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 6 0 7 [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Henry Bowen

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Elsie Bowen
(Address) # 1113 Ward Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 4 / 14 / 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED APR 13 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to April 11, 1938.

I last saw h[illegible] alive on April 11, 1938. Death is said to have occurred on the date stated above, at 12.30 m P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pneumonia	April

Other contributory causes of importance:

Chronic Nephritis Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

45765 F 45765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida J. Schamburg

(a) Residence: No. 3204 Woodland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 23-1862

7. AGE: Years 75 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Same

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Adam Silversahn

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Mary Vettes

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Ellen Kelly

(Address) 3122 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/14 1938

19. UNDERTAKER: Charles O. Powell

(Address) 2027 Edmondson Ave

FILED APR 13 1938 H. Dwight Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolf M. D.

(Address) 1331 E. Read St. Baltimore

F 45766

45766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Mc Henry St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia Newell

(a) Residence: No. 2015 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Newell

DATE OF BIRTH (month, day, year) June 5 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Hancock Md

13. NAME George Conkle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Fenton

16. BIRTHPLACE (city or town) (State or country) Hancock Md

INFORMANT Mrs. Lillian Ernst

(Address) 2015 Mc Henry St.

BURIAL, CREMATORY, OR REMOVAL

Place St Peters Date Apr 14, 1938

UNDERTAKER George L. Schnaitt

(Address) 2101 Frederick Ave

FILED Apr 15 1938 Victor McElwee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 12, 1938

I last saw her alive on April 12, 1938. Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Kerrigan M. D.

(Address) 1934 Wilkens Ave

AACo. 5-11 2508

15767 HEALTH DEPARTMENT CITY OF BALTIMORE

✓ E 15767

CERTIFICATE OF DEATH

46 D

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2848 Oakley Ave 27-17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie C. R. Thursby

(a) Residence: No. 2848 Oakley Ave St. Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel H Thursby

DATE OF BIRTH (month, day, year) May 4 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 25-	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

12. NAME Henry Fightmaster ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Same

(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hope Cem. Woodstown Md. Date 4-15 1938

UNDERTAKER Roland L. Fortier
(Address) 614 N. Monroe St.

FILED 4-15 1938 Thos. F. Twilley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Last-, 1938, to April 11, 1938
I last saw her alive on April 11, 1938 death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with metastasis to abdominal viscera	1 Month

Other contributory causes of importance:

Name of operation Colostomy Date of 4-5-37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Thursby M. D.
(Address) 5611 Pimlico Rd.

45768 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45768

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Herkimer St. 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mary Focht

If U. S. Veteran specify WAR

(a) Residence: No. 2419 Herkimer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hans Focht

7. DATE OF BIRTH (month, day, year): July 11, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 0009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Sigmund Zellenger
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Cecelia Meeham
16. BIRTHPLACE (city or town) (State or country): Balto Md
17. INFORMANT: Fred Grund
(Address) 2613 Roberts Place
18. BURIAL, CREMATION, OR REMOVAL: Place Morland Memorial Date 4-14 1938
19. UNDERTAKER: Roland L. Fertler
(Address) 612 N. Monroe St.
20. FILED ..... 19.....

APR 13 1938 Town Clerk Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 4-11, 1938

I last saw h.c.c. alive on 4-10, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip E. Flynn M. D.
(Address) 425 E. Fort Ave

Gunslea

HEALTH DEPARTMENT—CITY OF BALTIMORE

15769

15769

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CGK--32187 — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-T Ward)

Length of residence in city or town where death occurred life yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Margaret McKee (Gunslea) — If U. S. Veteran specify WAR .....

(a) Residence: No. 102 Central Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) 9/28/1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	32	6	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Nathan Mattews

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mamie Jones

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT City Hospital Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place ...M. C. Cleary... Date 4/15/38

UNDERTAKER Katie R. Fleming

(Address) 322 E. Edmondson Ave.

FILED ..... 19.. Huntington, W. Va. Registrar

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1938 to 4-11 1938

I last saw her alive on 4-11 1938 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix with Metastasis	
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Woodward M. D.

(Address) Balto. City Hosp.

15770

✓ F 45770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH 701 W. Lafayette St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elenora Brown

(a) Residence: No. 701 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Osborn Brown

DATE OF BIRTH (month, day, year) Oct 5, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

13. NAME Littleton Doan

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

15. MAIDEN NAME Annie Fleming

16. BIRTHPLACE (city or town) (State or country) Snow Hill, Md

INFORMANT Osborn Brown

(Address) 701 W Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 13, 1938

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED 13 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Apr 10, 1938

I last saw her alive on Apr 10, 1938. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Fred Woolridge M. D.

(Address) 703 W Lafayette Ave Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

5771 F 15771

CERTIFICATE OF DEATH 15851 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1107 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Johnson

If U. S. Veteran specify WAR ...

(a) Residence: No. 724 Grindall Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) City Hospital Records

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 13 1938 19
Commissioner of Health

UNDERTAKER (Address) Per H. A. Moore

FILED Huntington Williams, M.D.
1938

3545 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to April 8, 1938

I last saw her alive on April 8, 1938 Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-4-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

5772 E 15772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George Seibold
(a) Residence: No. 432 N. Front St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1847 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Seibold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Brocklacker

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 13 1938

UNDERTAKER Commissioner of Health
(Address) Per W. A. Moore

FILED APR 13 1938 W. A. Moore Registrar
4311

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to April 9, 1938
I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-2-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Q. De Lautelle M. D.
(Address) Baltimore City Hospitals

15773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH West Baltimore General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Sarah Sophie Klein

(a) Residence: No. 1717 Fairmount Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Kaplan Fairmount Falls Apts

(Address) 1717

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Date 4-13-38 19

19. UNDERTAKER Louis Lax

(Address) 1439 E. Balto St.

20. FILED 1938 Huntington, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10/38, 19 ... to 4/13, 1938

I last saw her alive on 4/13, 1938. Death is said to have occurred on the date stated above, at 2:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma liver origin?	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter Lewis, M. D.

(Address) 1698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15774 — 53-4 15774

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~ROBERT REIMANN~~ Robert Reimann (~~Herman~~) Also known as Robert Louis Reumann Hansen

(a) Residence: No. 903 Cathedral St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — Sarah E. Reimann

DATE OF BIRTH (month, day, year) Sept 28 1881

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.T.C. Ry Co

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 8

BIRTHPLACE (city or town) (State or country) Denmark

13. NAME OF FATHER Louis Reumann

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME OF MOTHER Euphrosyne Reimann

16. BIRTHPLACE (city or town) (State or country) Denmark

INFORMANT Sarah E. Reimann (Address) 3427 University Place

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date April 14 1938

UNDERTAKER John Waterhouse Sons (Address) 1500 Eutaw Place

FILED APR 13 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-1-38, 19 to 4-12-38, 19

I last saw h.i.m. alive on 4-12-38, 19 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Recurrent left frontal lobe tumor (astroblastoma) — Date of onset ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-4-38

For what disease or injury? Left frontal lobe tumor

Name of operation Removal of tumor

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Leonard Levine, M. D.

(Address) Univ. Hospital

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 45775 | F 45775

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3717 Fourth St = Brooklyn ST., 25 WARD) H

2-FULL NAME William C. Barrack

(a) RESIDENCE NO. 3717 Fourth St. ST., WARD (If non-resident give city or town and State) West Cambridge, Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 15. 1852

7 AGE — Years: 85 — Months: 11 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William F. Barrack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nora E. Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): G. Barrack Cambridge Md

15 Filed . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1938

17 I HEREBY CERTIFY, That I attended deceased from Mch 30 . 1938 to Apr 12th . 1938. that I last saw him alive on Apr 12 . 1938. and that death occurred, on the date stated above, at 6.20 A.m.

The CAUSE OF DEATH* was as follows: Nephritis, Hemorrhgic over

(duration) yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Evidence

(Signed) Robert W Johnson M.D. , 19 (Address) 3564 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md DATE OF BURIAL: April 15 1938

UNDERTAKER: John T Mitchell Sons ADDRESS: Cambridge Md

45776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45776

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Francis E. Nicholas

If U. S. Veteran specify WAR .....

(a) Residence: No. 101 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Dec 7 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scientist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Morristown NJ

13. NAME Geo W Nicholas

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Jane L. Child

16. BIRTHPLACE (city or town) (State or country) N J

INFORMANT Mabel Waynman

(Address) 125 DeKalb ave Brooklyn NY

BURIAL, CREMATION, OR REMOVAL

Place Morristown NJ Date 4-15-38

UNDERTAKER John G. Mitchell

(Address) 100 Eaton

FILED 4-15-38 Registrar Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/5/38, 19 to 4/13/38, 19

I last saw him alive on 4/13/38, 19 Death is said to have occurred on the date stated above, at 5^07 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Diabetes mellitus	6 mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify .....

(Signed) Wesley J. Keltz, M. D.

(Address) Church Home & Inf

15777 E 15777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-1920--mhw

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Kohls

(a) Residence: No. 4107 Fierman Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

DATE OF BIRTH (month, day, year) 1/6/1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	3	4	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Herman Fretz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Pausch

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr 14 1938

UNDERTAKER John Ulrich
(Address) Zoo & Pulaski

FILED Apr 14 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938 to April 10, 1938

I last saw her alive on April 10, 1938 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Sanctis, M. D.

(Address) Baltimore City Hospitals

1938

F 15778

778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. CCK--6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William A. Irving

(a) Residence: No. 221 N. Washington St. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 4-11-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	0	0	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

12. NAME William A.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georgeanna Button

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT City Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Apr 13 1938

UNDERTAKER John Ullrich

(Address) 2005 Eutaw

FILED Apr 13 1938 Hilton Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1932 to 4-11, 1938

I last saw him alive on 4-11, 1938 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Carbuncle Back	4/4/38
Broncho Pneumonia	4/8/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/6/38

For what disease or injury? Carbuncle Back

Name of operation Excision carbuncle

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15779 — 46-B — F 15779

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 Mc Culloch St., 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lotus F. Clay

(a) Residence: No. 154 Mc Culloch St., 20 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of: Mary M. Clay

DATE OF BIRTH (month, day, year): Feb 7-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Prince Georges Maryland

13. NAME OF FATHER: William Clay

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Sarah A Steel

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs Mary M. Clay

(Address) 154 Mc Culloch St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Apr. 17, 38

UNDERTAKER: J. B. Hopper & Son

(Address) 1500 Eutaw Pl.

FILED APR 13 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN. 20, 1938, to April 11, 1938

I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach 2 yrs - Ulcerated Ulcer - Pertain	1935?
Other contributory causes of importance: Bronchopneumonia	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary Hopkins M. D.

(Address) 2035 Harlem Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45780

CERTIFICATE OF DEATH

15-8 93-C

F 45780

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Chelsea Ter St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willetta Richter

If U. S. Veteran specify WAR

(a) Residence: No. 2109 Chelsea Ter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 27-1868

7. AGE: Years 69; Months 11; Days 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John G. Richter

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Frances Duncan

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Louis M. Richter

(Address) 2109 Chelsea Ter

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apr 15 38

19. UNDERTAKER: H. Leonard Sons

(Address) Hilltop Huntington Ave Woodberry, Md

Registrar.

20. FILED: APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 38 to Apl. 13, 38

I last saw her alive on Apl 12, 1938. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis Myocarditis	Several years
Other contributory causes of importance: Cardiac dilatation	Few Days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno Lut. C Blake M. D.

(Address) Med Arts Bldg

✓ F 45781

5781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Gilmor St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. Life How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora A. Haigley

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 S. Gilmor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: late Harry M Haigley

6. DATE OF BIRTH (month, day, year): Aug 14-1886

7. AGE: Years 51 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME OF FATHER: Patrick Drinane

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Elanor Haigley

(Address): 4 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cemetery Date: April 16 19 38

19. UNDERTAKER: Geo L Beyer Sr

(Address): 512 Hollins St.

20. FILED ..... 19.... Registrar.

3 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to April 12, 1938.

I last saw her alive on April 12, 1938. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus	
Other contributory causes of importance: Diabetis Mellitus	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Talalgs M. D.

(Address) 4 N. Fulton Ave

5782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15782

CERTIFICATE OF DEATH

15-11 93-c

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3401 Calloway Avenue St., Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Flora Green

If U. S. Veteran specify WAR

(a) Residence: No. 3401 Calloway Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert S. Green

DATE OF BIRTH (month, day, year) May 1, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

13. NAME ------- Lee

14. BIRTHPLACE (city or town) -------
(State or country) Virginia

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Not obtainable
(State or country) " "

INFORMANT Clement S. Green
(Address) 3232 Frederick Avenue

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 4/14 1938

UNDERTAKER Henry U. Mears & Son
(Address) 508 W. Baltimore St.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1938, to April 11, 1938

I last saw her alive on April 11, 1938 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage and paralysis. | Date of onset 1938 April 9

Other contributory causes of importance: Arteriosclerosis about 4 yrs. | 2 yrs
Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If

(Signed) Hattie S. Hubbard, M. D.

(Address) 2220 Garrison Blvd.

45783 F 45783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 12-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 46 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Regina B. Molz

(a) Residence: No. 213 Chancery Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph T. Molz

DATE OF BIRTH (month, day, year) ----------

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 46	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick T. Barry

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Teresa C. Kenny

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Marie Barry
(Address) 213 Chancery Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/15 1938

19. UNDERTAKER Hemler & Meads Inc. Son
(Address) 508 N. Calvert St.

20. FILED Printing for Williams, M.D. Registrar.

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 12, 1938

I last saw h.ER. alive on April 12, 1938. Death is said to have occurred on the date stated above, at 7:12 P.m.

The principal cause of death and related causes of importance were as follows:

PNEUMONIA, LOBAR. — Date of onset 4-4-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Robert [illegible] M. D.

(Address) Union Memorial Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45784

CERTIFICATE OF DEATH

21-295-B F 45784

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Washington Blvd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna P. Metzger

If U. S. Veteran specify WAR

(a) Residence: No. 927 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip H. Metzger

DATE OF BIRTH (month, day, year) April 25, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11 mo	15 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Seitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Phillip H. Metzger

(Address) 927 Washington Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Date April 16 1938

UNDERTAKER Arnold Evans

(Address) 1430 Orchard St

FILED Huntington Williamsport Pa

APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 13 1938 Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Disease

Date of onset

Other contributory causes of importance: Chronic Heart disease, Arteriosclerosis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Findings No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Hyman M. D.

(Address) 871 Washington Blvd

5785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 15785

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose M. Monaghan — If U. S. Veteran specify WAR none

(a) Residence: No. 841 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 12, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) County Meath Ireland.
13. NAME Michael J. Monaghan
14. BIRTHPLACE (city or town) (State or country) County Meath Ireland.
15. MAIDEN NAME Ann Grimes
16. BIRTHPLACE (city or town) (State or country) County Meath Ireland
17. INFORMANT Rt. Rev. Msgr. Hugh J. Monaghan
(Address) Wylie Ave. at Park Heights
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/15 1938
19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights
20. FILED 4 3 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4 1938 to April 12 1938
I last saw her alive on April 11 1938. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Gall bladder operation Dec 1937	
Asthenia	about

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Dyspnea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) J. M. C. Carter, M. D.
(Address) 111 Park Ave

No 803

15786

HEALTH DEPARTMENT—CITY OF BALTIMORE

15786

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Caderet St. St. 8-3 Ward) 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Albert Joseph Roche

If U. S. Veteran specify WAR

(a) Residence: No. 2821 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 12 1938

AGE Years	Months	Days 5	If LESS than 1 day, ... hrs. or ... min.
	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... ditto

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward J. Roche

14. BIRTHPLACE (city or town) (State or country) Balt.

15. MAIDEN NAME Marie Anna Fink

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Edward J. Roche

(Address) 2821 E Biddle St

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date April 15 1938

UNDERTAKER Elmer W. Conkling & Son

(Address) 624 E Eager St.

FILED 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/38

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1938 to 4/12 1938

I last saw him alive on 4/12 1938 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Emphysema - Bronchio Pneumonia
Paralytic Ileus

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

✓ F 45787

5787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-c

1. PLACE OF DEATH Union Memorial Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ——— St. 12 — Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Mansfield

(a) Residence: No. Glen Arm Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE — Years: 50 — Months: approximate — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For Louis H. Hannidal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Louis H. Hannidal

(Address) Glen Arm, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Upland Home Date April 14 1938

19. UNDERTAKER: John Burns & Sons

(Address) Towson, Md.

FILED 4 3 1938 H. Leighton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardiet — Date of onset 4/10/38

Cardiac Decompensation

Oedema of Lungs

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Give street and number or location, city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Ocas, M. D. Coroner

(Address) Clarion

✓ F 45788

5788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 E. Gitting St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Bosley

(a) Residence: No. 125 E. Gitting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Bosley

DATE OF BIRTH (month, day, year) March 7-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Carders
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Charles Bosley
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Mary A. Rogers
16. BIRTHPLACE (city or town) (State or country) Paris France
17. INFORMANT Mrs Hilda Correy
(Address) 125 E Gitting St.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Apr. 14, 1938
19. UNDERTAKER E. Richard Flemming
(Address) 1426 Light St.
Apr 13 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Apr 12, 1938

I last saw h[illegible] alive on Apr 12, 1938. Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Uremia

Date of onset: [illegible]

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clifton Ed M. D.

(Address) 1319 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

7789 — E 15789

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Fernhill Ave St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 20 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Teresa Kailer

(a) Residence: No. 4309 Fernhill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 23 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John E. Kailer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Julia Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Julia R. Molz

(Address) 4309 Fernhill Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr 16, 1938

UNDERTAKER Maryl J. Minnick

(Address) 1601 Ridgewood Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Apr 12, 1938.

I last saw her alive on Apr 12, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset

Other contributory causes of importance:

Myocarditis Hypertension

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Thomas F. Sedarun M. D.

(Address) 2604 Garrison Blvd

938 — 8 — 4

45790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45790

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens or Caton ave St. ..... Ward)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 78 yrs. 0 mos. 0 ds.

2. FULL NAME Rev Frank J. Quinn

If U. S. Veteran specify WAR NONE.

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) about 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Order

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carbondale Pa

13. NAME OF FATHER Michael J. Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Elizabeth McDonald

16. BIRTHPLACE (city or town) (State or country) Carbondale Pa

17. INFORMANT John Quinn (Brother)
(Address) Carbondale Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Carbondale Pa Date Apr 13 1938

19. UNDERTAKER Stewart Mondelotty
(Address) 108 Mostart.

20. FILED ..... 19 ..... Registrar.

1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 12, 1938

I last saw h.. alive on April 12, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic CVD c possible Cerebral Thrombosis	?
Involutionary Melancholia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence J. Schumacher M. D.

(Address) St Agnes Hospital

F 45791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1107-a

30329 (M)

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Popowski Diana

If U. S. Veteran specify WAR

(a) Residence: No. 206 S. Register Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/26/38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Adam Popowzhe

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cecelia Rudzinski

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART of MARY Date April 14 1938

UNDERTAKER George A. Weber

(Address) 705 S Ann st

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1938, to 4-12 1938

I last saw her alive on April 12 1938. Death is said to have occurred on the date stated above, at 7.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA	
Other contributory causes of importance:	
FRAGILITAS OSSIUM	
PREMATURITY	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorothy Fradkin M. D.

(Address) Baltimore City Hosp

Gruszczynski

F 45792

45792

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 S. Ann St. 7-3 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Apolonia Gruszczynski

(a) Residence: No. 719 S Ann st St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Vincent Gruszczynski

7. DATE OF BIRTH (month, day, year) January 2nd 1879

8. AGE: Years 59; Months 3; Days 11; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph Nowak

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Vincent Gruszczynski

(Address) 719 S Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date April 17 1938

19. UNDERTAKER George A. Wisher

(Address) 705 S Ann St

20. FILED APR 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938, to April 13 1938. That I last saw h[illegible] alive on April 12 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation.

Date of onset

Other contributory causes of importance:

Arteriosclerosis, hypertension & Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Also John A. Schmunk M. D.

(Address) 1337 S. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15793 — CERTIFICATE OF DEATH — V/131 F 15793

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 E. 33rd St., 9-5 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Albert Schmidt — If U. S. Veteran specify WAR No Record

(a) Residence: No. 617 E. 33rd St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or WIFE of) Lillie Schmidt

DATE OF BIRTH (month, day, year) May 15th 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Club

10. Date deceased last worked at this occupation (month and year) X — 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillie Schmidt

(Address) 617 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 15th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, M.D. Registrar.

APR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to April 12 1938

I last saw him alive on April 12 1938. Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular renal disease	?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Morris B. Scheuber, M. D.

(Address) 54 S. Fulton Ave.

45794 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45794

CERTIFICATE OF DEATH

145-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 23-1 St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where died: ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Price
If U. S. Veteran specify WAR

(a) Residence: No. 1134 Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Napoleon Simone

DATE OF BIRTH (month, day, year) 4-14-1919

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11	27 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm. Price

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sadie Foster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sadie Price
(Address) 1134 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date Apr 16 1938

19. UNDERTAKER James A. Hayes
(Address) 142 W. Lee St
Huntington Williams Mgr
Funeral Dir.

APR 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 19.. to Apr 11, 19..
I last saw h.. alive on Apr 11, 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Puerperal Sepsis	1 Apr 1938
Lost 1 part	
(Cms)	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

45795 F 45795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1174

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 817 N. Arlington Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Jennie

(a) Residence: No. 817 N. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Roanoke Va.

FATHER

13. NAME Joshua Jennie

14. BIRTHPLACE (city or town) (State or country) Roanoke Va.

MOTHER

15. MAIDEN NAME Lucy Peters

16. BIRTHPLACE (city or town) (State or country) Roanoke Va.

17. INFORMANT Mrs. Mary Smith
(Address) 817 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lasley, Va Date April 14, 1938

19. UNDERTAKER Mrs Katie P. Williams
(Address) 322 N Schroeder St

FILED 1938 Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Kidneys through Ears	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury April 6, 1938
Where did injury occur? 817 N. Arlington Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fell, accidental
Nature of injury Head, Internal

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

F 45796

45796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Bolton St St.) (14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SUSAN CARROLL POULTNEY FRICK

If U. S. Veteran specify WAR .....

(a) Residence: No. 1523 BOLTON St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) NOV 1. 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Frick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Carroll Denison

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT R. Denison Frick

(Address) Owings Mills, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Apr 14 19 38

19. UNDERTAKER Henry W Jenkins & Sons Co

(Address) McCulloh & Richard Sts

20. FILED ..... 19..... Registrar

1938 Hannah M. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1937 to April 13 1938

I last saw her alive on April 13 1938 Death is said to have occurred on the date stated above, at 12¼ pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Breast with metastases to Chest	Indefinite

Other contributory causes of importance:

Was an operation performed? yes Date of 1935

For what disease or injury?

Name of operation Breast amputation (Left)

What test confirmed diagnosis? Clinical & Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M H Moody M. D.

(Address) 1403 Park ave

45797 F 45797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Sommerset St. St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 55Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Anna Haberkorn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 Sommerset St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of the late John A. Haberkorn

6. DATE OF BIRTH (month, day, year) Dec.-17-1860

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
77Yrs.	3Mo.	25days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John A. Schreiber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Miss Theresa Haberkorn

(Address) 1007 Sommerset St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date April 16, 1938

19. UNDERTAKER Henry Stoeck & Sons Inc

(Address) 1301 E. Eager St.

20. FILED Apr 14 1938 Huntington Wilhelm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-12-1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to April 12, 1938

That I saw her alive on April 12, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/1/38
Other contributory causes of importance Arterio Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Gross Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benj. D. Hayden, M. D.

(Address) 3114 Hartford Road

15798

HEALTH DEPARTMENT—CITY OF BALTIMORE

15798

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 16-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Teresa Walsh
If U. S. Veteran specify WAR

(a) Residence: No. 4014 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 13 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
At last birthday	77 Years	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Patrick Walsh

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Miss Mary T. Leach
(Address) 4014 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 16, 1938

19. UNDERTAKER Harry H. Lutzke
(Address) 101 Edmondson Ave.

20. FILED APR 14 1938 Registrar

Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1938 to April 13, 1938
I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinomatosis (?)	(?)
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard H. Rynbrandt M. D.
(Address) Mercy Hospital

M. D. P. 1268-9

45799 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45799

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 S. Woodyear St. 19-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wm. Barker

(a) Residence: No. 346 S. Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Merson Barker

DATE OF BIRTH (month, day, year) Dec. 24, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John W. Barker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Ann Hickey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Grace Barker
(Address) 346 S. Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cemty. Camp Meade, Md. Date April 15, 1938

19. UNDERTAKER 4101 Edmondson Ave.
(Address)

20. FILED Apr 15 1938 Thos. J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to April 13 1938
I last saw him alive on April 12 1938 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/6/38
Other contributory causes of importance:	
Exhaustion	4/12/38

Name of operation None Date of

What test confirmed diagnosis Clinical (there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Samuel M. D.

4/13/38 (Address) 1644 Hanover St

M. D. P. 1268-9

F 45800

15800 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Winchester St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Potts

(a) Residence: No. 2900 Winchester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Kavanaugh Potts

7. DATE OF BIRTH (month, day, year) Feb. 10, 1851.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Conductor, B. & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Fred Potts

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary E. Potts

(Address) 2900 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 14, 38

19. UNDERTAKER Mary H. Lutkie

(Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

APR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935 to April 12, 1938

I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis	Some years
Chronic Myocardial disease	

Other contributory causes of importance:

Hemiplegia (cerebral hemorrhage)	March 14 1935

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. W. Michel M. D.

(Address) 2901 Edmondson Ave.

F 45801

5801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-107-a

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Eutaw St., 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Dorsey Eutaw St

(a) Residence: No. 723 N. Dorsey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Dorsey

DATE OF BIRTH (month, day, year) Feb 3rd 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 61	7	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Elmers Md

12. NAME Henry Dorsey

13. BIRTHPLACE (city or town) (State or country) Elmers Md

14. MAIDEN NAME Mariah Hagler

15. BIRTHPLACE (city or town) (State or country) Elmers Md

16. INFORMANT Sarah Dorsey

(Address) 723 N. Eutaw St.

17. BURIAL, CREMATION, OR REMOVAL Lakewood Date Apr 14 1938

18. UNDERTAKER Adolph Fahrig & Sons

(Address) 718 Druid Hill Ave.

4-13-38 19... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/38

22. I HEREBY CERTIFY, That I attended deceased from 3/4/38, 19..., to 4/8/38, 19... I last saw deceased on 4/9/38, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Uremia Nephritis 4/12/38

Date of onset
over

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical and where an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Ellis, M. D.

(Address) Fort Meade

5802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15802

CERTIFICATE OF DEATH

1175

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1113 McCulloh St. 11-4 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Rhinor

(a) Residence: No. 1113 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 6 1904

7. AGE: Years 33; Months 10; Days 0; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Thomas Manor

14. BIRTHPLACE (city or town) (State or country): St. Marys Co Md

15. MAIDEN NAME OF MOTHER: Lily Downs

16. BIRTHPLACE (city or town) (State or country): St. Marys Co Md

17. INFORMANT: Carolyn Myers Rhinor (Address) 1113 McCulloh Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. Date Apr. 14 1938

19. UNDERTAKER: Adolphus Halstead (Address) 1113 McCulloh Baltimore Md

20. FILED: Apr 14 1938 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on April 7 1938 and that said inquest (Inquest, Autopsy or Inquiry) obtained by said death occurred from the causes and at the time stated below, and that I last saw deceased on the day of April 7 1938 at 2 a.m. that death occurred at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Contusion Left Parietal	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident April 7 1938

Where did injury occur? 1113 McCulloh St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fell striking head on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Dan Brown M. D.

Coroner

(Address) 12 W. Franklin St.

4-1938

F 45803

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registration Dist. No. 41

County Baltimore — Village or City Dundalk — No. 21 E. St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 1 mos. 12 ds. How long in U. S. if of foreign birth ... yrs. ... mos ... ds.

2. FULL NAME Kenneth Page McShane — If U. S. Veteran, specify WAR ...

(a) Residence: No. 6509 Baltimore Ave St., Ward. — If nonresident give city or town and State ...

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Feb 6 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Dundalk

FATHER

13. NAME Alfred J. McShane

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Claudia Sullivan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Alfred J. McShane 6509 Baltimore Ave Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date May 19 ... 19 38

19. UNDERTAKER (Address) Philip Herwig Sons 2616 E. Lanvale St

20. FILED 3/19/37 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 18 (Day) 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1938 to 3-18 1938

I last saw h. alive on 3-18 1938, death is said to have occurred on the date stated above, at 7:45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-4-

Other Contributory Causes of importance: None

Name of operation: None — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following.

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. W. Klein

(Address) 2 Kinship Rd. Dundalk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1938

F 45804

45804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 31824 (17) 34-9-45-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Collins,

(a) Residence: No. 605 Gold Street St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lola

DATE OF BIRTH (month, day, year) 4/23/1884

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bell Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 4/16 38

UNDERTAKER Thos. C. Kelson
(Address) 1202 Pennsylvania Ave

FILED ... 19 ... Registrar.

APR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to April 12, 1938

I last saw him alive on April 12, 1938. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santillo, M. D.

(Address) Baltimore City Hospitals

5805

F 45805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Emilia De Emedio
(a) Residence: No. 304 S. Eden St. St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony De Emedio

6. DATE OF BIRTH (month, day, year) Jan. 1 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Nicholas Owstrowski
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Tecla ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peter Ivanoff (Son)
(Address) 304 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Apr. 14 38

19. UNDERTAKER Francis Ellwood
(Address) 52 N Paca St

[illegible] Registrar.

APR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and viewed the same on (Insert "Autopsy" or "Inquiry") Inquiry and that said deceased came to her death on the date stated above, as the result of (Insert "Autopsy" or "Inquiry") Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel B Wolfe Coroner, M. D.
(Address) 1331 E North Ave

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

15806 CERTIFICATE OF DEATH 124 at 15806

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs William L. Burman

If U. S. Veteran specify WAR

(a) Residence: No. 2010 N. Payson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Mrs Leslie Burman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	44	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) 4/9/38

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

13. NAME Cristian Burman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME In doubt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charles E. Kants

(Address) 2307 N Monroe St

BURIAL, CREMATION, OR REMOVAL

Place Dale National, Date 4-14- 1938

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Fulton Sts

4 14 1938 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 12, 1938

I last saw him alive on April 12, 1938. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mentary Thrombosis,	4-9-38
Pulmonary infarta, acute	4-10-38

Other contributory causes of importance: Dont Known

Portal Sclerosis, cord

acute hemorrhagic Nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ns Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If ... city

(Signed) Daniel J. Wehner M.D.

(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15807 — CERTIFICATE OF DEATH — 107-a — F 15807

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave's. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
2. FULL NAME Esther Pasner — If U. S. Veteran specify WAR .....
(a) Residence: No. Levindale St., 27-15 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Pasner

DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME OF FATHER Pasner
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME OF MOTHER Lemma
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT SIGMUND FEINBLATT SUPERINTENDENT
(Address) GREENSPRING & BELVEDERE AVES,
18. BURIAL, CREMATION, OR REMOVAL Hebrew Home for Aged & Infirm
Hebrew Cemetery 4-14-38
19. UNDERTAKER Jack Levine Inc 1429 Eh
(Address) Washington Blvd
APR 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938 to April 14, 1938.
I last saw h.. alive on April 13, 1938. Death is said to have occurred on the date stated above, at 0.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-38
Arteriosclerosis	
Other contributory causes of importance:	
Chr. Bronchitis	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) I. Edmund Levin M. D.
(Address) Levindale

HEALTH DEPARTMENT—CITY OF BALTIMORE

15808

CERTIFICATE OF DEATH 94-B F 15808

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... da. How long in U. S. If of foreign birth: ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Lorum

(a) Residence: No. 1014 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Expressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Passaq

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Zuva

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 4-14-38

UNDERTAKER Jos. Levy Son
(Address) 1439 E. Baltimore

FILED 4-15-38 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12/38, 19 ... to 4/13/38, 19 ...

I last saw him alive on 4/13/38, 19 ... Death is said to have occurred on the date stated above, at 9.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-7-38?

Other contributory causes of importance:

Pulmonary Edema.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. Stanley Bank, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45809 CERTIFICATE OF DEATH 120 F 45809

1. PLACE OF DEATH Union Memorial Hospital Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 12-2 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr Richard Randolph Johnson If U. S. Veteran specify WAR

(a) Residence: No. Moorefield, West Va. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6. If married, widowed, or divorced HUSBAND of ~~name of~~ Marian Watts Johnson

DATE OF BIRTH (month, day, year) March 14, 1893

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
45		30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Albert L. Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Randolph

16. BIRTHPLACE (city or town) (State or country) West Virginia

INFORMANT Wife Marian W. Johnson
(Address) Moorefield West Va.

BURIAL, CREMATION OR REMOVAL
Place Moorefield W Va. Date 4/17 1938

UNDERTAKER John O. Mitchell & Sons
(Address) 19 as other Place

FILED APR 14 1938 19 Huntington W. Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to Apr. 13, 1938

I last saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at 11:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	
Other contributory causes of importance: Perforation of Colon	over

Was an operation performed? Yes Date of April 6, 1938

For what disease or injury?

Name of operation Ileo-sigmoidostomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
16 If so, specify

(Signed) Robert E. Oliver M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15810

CERTIFICATE OF DEATH

45-cF 15810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 38-1 Ward) CCK--

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Martin Gray (Grey)

(a) Residence: No. 4203 Chatham Rd, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Grey

DATE OF BIRTH (month, day, year) 3-10-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	71	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer April 15 1938

UNDERTAKER Jos. J. Devereaux Sons

(Address) 1512 Guilford Ave

FILED Huntington Williams

APR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1932, to 4-11, 1938.

I last saw him alive on 4-11, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mouth (Tumor)	Unknown
Bronchio Pneumonia	1 week

Other contributory causes of importance

Was an operation performed? Yes Date of 4-4-38

For what disease or injury? Carcinoma mouth

Name of operation Excision Carcinoma

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto City Hosp.

5811 E 45811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2 St. Joseph's Hospital St., 15-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Knair

(a) Residence: No. 2012 Walbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Knair

DATE OF BIRTH (month, day, year) May 31, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Lawrence Keans

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT John Knair
(Address) 2012 Walbrook Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 16, 1938

UNDERTAKER Martin Fahy & Sons
(Address) 827 N. North Ave

FILED ... 19... Huntington Williams Registrar

14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to April 13, 1938

I last saw h... alive on April ..., 1938. Death is said to have occurred on the date stated above, at 2 5/8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids & bleeding	5 yrs
Post Operative Pneumonia	4 days
Other contributory causes of importance: Secondary Anemia	4 yrs

Was an operation performed? Yes Date of April 8, 1938
For what disease or injury? Uterine fibroids
Name of operation Supra-Vaginal Hysterectomy
What test confirmed diagnosis? Op Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Gilbert E. Redman, M. D.
(Address) St Joseph's Hospital

5812 E 45812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mt. Pleasant Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St., 16-6 (Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

Registered No. 1108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

2. FULL NAME Charles Fiske

(a) Residence: No. Kenwood Ave & Philadelphia Rd St. Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Fiske

DATE OF BIRTH (month, day, year) March 5, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Carl Fiske

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna R. Sennelds

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son
(Address) Same address

18. BURIAL, CREMATION, OR REMOVAL Place Oakdown Cem. Date Apr. 15, 1938

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St

Filed ... 19... Registrar
~~1938 St. Dayton Williams, M.D.~~
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938 to April 12, 1938
I last saw him alive on April 12 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-7-38
Other contributory causes of importance: Hypertrophied Prostate	1932

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...
(Signed) Morton Levin M. D.
(Address) W 3 6 th

45813 ✓ F 45813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3640 Elm avenue Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Georgiana Middleton

(a) Residence: No. 3640 Elm Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of G. B. Middleton

DATE OF BIRTH (month, day, year) Feb 23 rd 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	86	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County

13. NAME Thomas Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore County

15. MAIDEN NAME Catherine Triplett

16. BIRTHPLACE (city or town) (State or country) Baltimore County

INFORMANT Lillian Middleton

(Address) 3640 Elm Avenue

BURIAL, CREMATION, OR REMOVAL Date April 16 19

With Sunday

UNDERTAKER U. L. Marshall

(Address) 3539 Falls Road

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1938 to April 13 1938

I last saw her alive on April 13 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease	1930
Left Cerebral Thrombosis	4-13-38

Other contributory causes of importance:

Myocardial Insufficiency	4-13-38

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was an autopsy? NO

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. N. Nelson M. D.

(Address) 617 W 40th St.

14 1938

F 15814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Bailey If U. S. Veteran specify WAR

(a) Residence: No. 335 S. Caroline St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 19-1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John Bailey Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Coa Md.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Reads.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Apr 15 1938

UNDERTAKER Lottie Grose
(Address) 1402 Ashland ave

APR 14 1938 [illegible] Fun. Dir. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to April 12 1938
I last saw her alive on April 12 1938 Death is said to have occurred on the date stated above, at 1 45-h m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis	1 yr
Other contributory causes of importance: Anemia	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas N. Brem M. D.
(Address) Johns Hopkins Hospital

45815 F 45815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Joseph Hospital St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Brodshaw

If U. S. Veteran specify WAR .....

(a) Residence: No. 1282 Riverside Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Brodshaw

DATE OF BIRTH (month, day, year) Sept 29 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employ

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John A. Brodshaw

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Margaret Brodshaw

(Address) 1282 Riverside Ave

BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 4-16 1938

UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

FILED ..... 19 ..... Registrar

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 1938 to April 3 1938

I last saw h.. alive on April 3 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance: Hypertrophy of Prostate 3-Months
& Partial Urinary Obstruction

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph Hospital

5816 F 45816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Adams

(a) Residence: No. Un Known St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Un Known

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Un Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Un Known

FATHER

13. NAME Un Known

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 14 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FILED APR 14 1938 H. Lincoln Williams Registrar

S 6 3946

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Tibia & Fibula	
Shock	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident April 8, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. Crossing Street

Nature of injury at Aisquith & Fayette St.

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) R. K. Carlson, M. D. Coroner

(Address) 2357 N. Wm. St.

✓ F 15817

5817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-145-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Frankford Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Neal

If U.S. Veteran specify WAR

(a) Residence: No. Martin Bayless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color	5. Single, Married, Widowed, or Divorced (write the word)
M	col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newton Neal

DATE OF BIRTH (month, day, year) Mar. 8, 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Apr. 7,

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Hereford Md

13. NAME John Norris

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

15. MAIDEN NAME Martha Cokey

16. BIRTHPLACE (city or town) (State or country) Hereford, Md.

17. INFORMANT John Norris
(Address) Hampton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sparks, Md. Date Apr. 17 1938

19. UNDERTAKER Wm. C. Bowers & Son
(Address) Sparks, Md.

20. FILED 4 1938 Huntington Wilhelm, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1938 to 4-14 1938

I last saw him alive on 4-14 1938 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis Traumatic	
Latent Lues	
Puerperal Sepsis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. A. Butler M. D.

(Address) Frankford Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

15818 F 15818

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ. Hospital St., 4-2 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Fraily

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Codeymille, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	white	Widowed

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Franty

DATE OF BIRTH (month, day, year) Oct 13, 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5 6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Henry Cullum

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md

15. MAIDEN NAME Martha Cullum

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

INFORMANT Henry Franty Jr. (Address) Codeymille, Md

BURIAL, CREMATION, OR REMOVAL

Place Poplar, Balto Co. Date Apr. 18 1938

UNDERTAKER Wm. C. Ryder & Son (Address) Sparks, Md.

FILED ..... 19 ..... Registrar .....

Huntington Pittsburgh, Pa.

PR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 14, 1938

I last saw h[illegible] alive on April 14, 1938. Death is said to have occurred on the date stated above, at 1 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cardiac decompensation	

Other contributory causes of importance

Hypertension, arteriol[illegible]
Renal calculi

Was an operation performed? Yes Date of Nov 15 37

For what disease or injury? Hypernephroma

Name of operation Cystoscopy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard G Cowen M. D.

(Address) University Hospital

5819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 45819

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 27-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Cole

(a) Residence: No. 6040 Harford Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda L Cole

DATE OF BIRTH (month, day, year) 2/1/1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Wm J Cole

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Isabella Christopher

16. BIRTHPLACE (city or town) (State or country) Balt Md

INFORMANT Amanda L Cole

(Address) 6040 Harford Rd

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4/16/38

UNDERTAKER Leonard A Bruch

(Address) 5305 Harford Rd.

Filed APR 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938 to April 12, 1938

I last saw him alive on April 12, 1938. Death is said to have occurred on the date stated above, at 10 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-6-38
Chronic Myocarditis	"
Arteriosclerosis	"
Other contributory causes of importance:	
Prostatic Disease	"

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St Josephs Hospital

Spec.—1-10-21—M&T—1500 Blks.

F 45820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

F 45820

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 601 S Monroe ST. 19-4 WARD

2-FULL NAME Albert Meine

(a) RESIDENCE NO. 601 S Monroe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Meine

6 DATE OF BIRTH (month, day, and year): 6/13/73 5/13/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saloon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): 604

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Robert Meine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Haas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Rosa Meine

(Address) 601 S Monroe Ave Huntington Hillcrest, N.Y.

APR 14 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to April 13 1938,

that I last saw him alive on April 13 1938,

and that death occurred, on the date stated above, at 2 45 m.

The CAUSE OF DEATH* was as follows:

Mytral Insufficiency Hypertrophy
Hypertension, Artero Sclerosis
Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herbert R Hatch M. D.

4/14/38 (Address) 2157 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 15 1938

20 UNDERTAKER: Leonard Stonington

ADDRESS 21 W. 25th St.

821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45821

34-107a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 Sterling St., 5-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Anderson

(a) Residence: No. 651 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Anderson

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Letten

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Josephine Diggs

16. BIRTHPLACE (city or town) (State or country) 651 Sterling St

17. INFORMANT Josephine A White

(Address) 654 Sterling St

18. BURIAL, CREMATION, OR REMOVAL Place Lauburn Date 4/16 19 38

19. UNDERTAKER Floyd L Wilson

(Address) 1000 Brinkley Ave

20. FILED 19 Huntington Williams, Registrar.

4 1938 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3 19.. to 4-13 1938

I last saw h alive on 4-13-1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Primary)	4/12/38
Other contributory causes of importance:	
	new

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Allen M. D.

(Address) 15 S Augusta St

5822 F 15822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Lafayette Ave. St. 14 Ward)

Length of residence in city or town where death occurred 46 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Leo Healy

(a) Residence: No. 414 E. Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Myrtle I Hass

6. DATE OF BIRTH (month, day, year) Feb. 10, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coasting Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James L. Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Halfpenny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs James L. Healy

(Address) 414 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 4-[illegible], 1938

19. UNDERTAKER Mary M. Wiedefeld

(Address) 501 E. 32nd St.

19a. FILED 4-[illegible]-1938 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible], that I last saw [illegible] alive on [illegible], and that death occurred at [illegible] m. from the causes and on the date stated above.

Inquest Inquiry

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic myocarditis	1936
2.	1932
3.	1
4.	1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L Wolfe Coroner M. D.

(Address) 1331 E. North Ave

6 6

Anna M Darney

F 15823

5823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. 27-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4117 Harris Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Harris (Darney) If U. S. Veteran specify WAR

(a) Residence: No. 4117 Harris Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Darney

DATE OF BIRTH (month, day, year) March 27, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. City Md.

13. NAME OF FATHER Chas. Petri

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Uhlemann

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Leland Vogt

(Address) 4117 Harris Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 17 1938

UNDERTAKER Fred. Lassahn & Son

(Address) 7401 Belair Rd.

April 19 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25- 1938 to 4-14- 1938

I last saw her alive on 4-14- 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic leukemia	1 25 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical + laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Rd

Spec.—8-16-29—L. F. S.—100 Bks.

F 45824

45824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2406 Rochawn Ave WARD) 25

2—FULL NAME George James Burkhart

(a) RESIDENCE NO. 2406 Rochawn Ave WARD 25

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lottie Burkhart

7 DATE OF BIRTH (month, day, and year) Oct 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glassblower 16

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Factory 20

(c) Name of employer not employed for 4 yrs

BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

10 NAME OF FATHER George Burkhart

11 BIRTHPLACE OF FATHER (city or town) ~~XXXXXXXXXX~~ (State or country) Pittsburgh, Pa.

12 MAIDEN NAME OF MOTHER Luatta Bartell

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg (State or country) Pa.

Informant Wm Burkhart.

(Address) 2406 Rochawn Ave.

Filed 1938 Huntington Williams, Ky. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1938

17 I HEREBY CERTIFY, That I attended deceased from 1 Dec. 1937 to 12 April 1938, that I last saw h ~~im~~ alive on 12 April 1938 and that death occurred, on the date stated above, at 12 40 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis & Hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) Thaurence Wheeler M. D.

(Address) 2710 Kellum Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Apr. 15 1938

20 UNDERTAKER D. Kavanaugh

ADDRESS 1003 W. Baltimore St.

F 15825

15825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 165

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gundry Sanitarium 5200 block Frederic Rd St. 28-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Hengesbach

(a) Residence: No. 419 Buchannon St. N.W. Washington D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gov't. employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Chas. F. Hengesbach

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary A.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James A. Hengesbach

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Washington D.C.

Place Woodlawn Date 4-18-38.

19. UNDERTAKER Wm. F. Harman & Son

(Address) 5007 Reisterstown Rd. Balto.

4-18-1938 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation (hanging)	Apr 14

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury Apr 14 1938

Where did injury occur? Gundry Sanitarium (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In the Sanitarium

Manner of injury Suffocation by hanging.

Nature of injury Suffocation.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. Harman Coroner, M. D.

(Address) 1822 W. Baltimore St.

(Hicks)

15826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15826

CERTIFICATE OF DEATH

82-a

5-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (Specify WAR)

2. FULL NAME John Hicks

(a) Residence: No. 1112 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hicks

6. DATE OF BIRTH, month, day, year Nov 30-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Emma Hicks
(Address) 1112 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date April 15 1938

19. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St

Huntington Williams, Reg.

4 1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Embolism)	April 12 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. C. Allen M. D.
Coroner

(Address) 309 Courthouse

(Lessner) L-15827

5827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave, ward 19) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca Lessner

(a) Residence: No. Levindale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Louis

6. DATE OF BIRTH (month, day, year): 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Boruch Kahn

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Cranie ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Shapiro

(Address) 3429 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Roadale Date: April 15 1938

19. UNDERTAKER: Sol Levinson Bros.

(Address) 1124-26 North ave

20. FILED ..... 19 ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1937 to 4-14, 1938

I last saw h.. alive on 4-13, 1938. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Broncho pneumonia	4-13-38

Other contributory causes of importance: Chr. Bronchitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin M. D.

(Address) Levindale

F 15828

5828 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 West 23rd St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Medinger

If U S Veteran specify WAR .....

(a) Residence: No. 444 West 23rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Medinger

7. DATE OF BIRTH (month, day, year) Dec. 4, 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James S. Cosnell

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine Mentz

16. BIRTHPLACE (city or town) (State or country) Briston, Pa.

17. INFORMANT Mrs. W. J. Howard
(Address) 444 W. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslake Date Apr 16 1938

19. UNDERTAKER Thomas P. Pendleton
(Address) 1600 Eutaw, Baltimore, Md.

APR 15 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 14 1938

I last saw her alive on April 13 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	4/13/38
Myocarditis	Unknown

Other contributory causes of importance:

Hemaplegia	June 1931
Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Finegan Wood M.D.

(Address) 101 E. 25th St.

15829

HEALTH DEPARTMENT—CITY OF BALTIMORE

15829

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Genl. Hosp 6-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Fredrick Barrett

If U. S. Veteran specify WAR .....

(a) Residence: No. Cockeysville Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Barrett

6. DATE OF BIRTH (month, day, year): Sept 30 1883

7. AGE: Years 54 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Grafton Barrett

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Elizabeth Gill

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. Fredrick Barrett

(Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar-Cockeysville Date Apr. 18 1938

19. UNDERTAKER: Wm. C. Brooks & Son

(Address) Govans, Md.

20. FILED ..... 19..... Registrar

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/15/1938

22. I HEREBY CERTIFY, That I attended deceased from 4/9 1938 to 4/15 1938

I last saw him alive on 4/15 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bron)	4/10/38
Cerebral Accident	4/8/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Abercrombie M. D.

(Address) Govans Md

F 45830

45830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) 17-1 Ward

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Felix Hall

(a) Residence: No. 922 Penna (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	mar

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) mar

FATHER

13. NAME mar

14. BIRTHPLACE (city or town) (State or country) mar

MOTHER

15. MAIDEN NAME mar

16. BIRTHPLACE (city or town) (State or country) mar

17. INFORMANT Hospital Records (Address) 922 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/18/38

19. UNDERTAKER William A. Jackson (Address) 916 Penna Ave

20. FILED APR 15 1938 Huntingtop Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 4/13/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D. Coroner

(Address) 5 [illegible]

F 45831

45831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 52

1. PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 3-2 Ward)

Length of residence in ~~city or~~ town where death occurred ~~yrs.~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Green

(a) Residence: No. 741 E. Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William E.

6. DATE OF BIRTH (month, day, year) May 12 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flintstone Md.

FATHER

13. NAME Charles Curry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Culbreth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Gladys Green

(Address) 741 E. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lyon Date 4/18 38 19

19. UNDERTAKER William G. Jackson

(Address) 916 Pennsylvania Ave

19 938 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5 hrs.
Other contributory causes of importance:	
Arterio-sclerosis	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Woody M. D. Coroner

(Address) 111 N. Calvert St.

S 6

15832

HEALTH DEPARTMENT—CITY OF BALTIMORE

15832

CERTIFICATE OF DEATH

1123

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. St. 12-S Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME Carroll J. O'Donohue

(a) Residence: No. 1725 Guilford Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret E. Stephenson

DATE OF BIRTH (month, day, year) May 17, 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical 0609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John J. O'Donohue

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Katherine Pollard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date April 16 1938

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 19 ~~Hunting~~ Williams, Registrar.

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1937, to April 14, 1938

I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced.	Sept. 1937
Tuberculosis of pleura, suppurative.	Nov. 1937
Other contributory causes of importance: Tuberculosis of intestines	terminal

Was an operation performed? yes Date of 1-19-38

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R L Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

MD/6

F 45833

HEALTH DEPARTMENT—CITY OF BALTIMORE

45833

CERTIFICATE OF DEATH

193-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Radnor Ave. St.) 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ella Mae Mason

If U. S. Veteran specify WAR No Record

(a) Residence: No. 618 Radnor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of George N. Mason

DATE OF BIRTH (month, day, year) Oct 12th 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Isaac C. Sandyford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Henrietta Zimmer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. G. Ward

(Address) 618 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 16th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 15 1938 ~~at ..... in ..... for ..... N.Y.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th 1938

22. ~~I~~ I HEREBY CERTIFY, That I attended deceased from ~~Sept.~~ March 15 1938 to April 13 1938

I last saw ~~her~~ alive on April 12 1938 Death is said to have occurred on the date stated above, at 4 ~~p~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1933
Other contributory causes of importance: Uterine Sclerosis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar C. Sandrock M. D.

(Address) Medical Arts Bldg

Baltimore

45834 HEALTH DEPARTMENT—CITY OF BALTIMORE 45834

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital, V108

CITY OF BALTIMORE: (No. Bay View St., 17-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Snyder

If U. S. Veteran specify War Soldier

(a) Residence: No. 5316 York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ella M. Snyder

6. DATE OF BIRTH (month, day, year) June 23 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Eber J. Snyder

14. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

MOTHER

15. MAIDEN NAME Jennie Warner

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Mrs. Ella Snyder (Address) 5316 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 16 1938

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days.
Uremia Medical	2 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. C. Wood M. D. Coroner

(Address) 1712 N. Broadway

5835 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15835

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Guilford Ave. St. [illegible] Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lida A Jones

(a) Residence: No. 306 Guilford Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John L Jones

6. DATE OF BIRTH (month, day, year): Oct 11, 1855

7. AGE: Years: 82 | Months: 6 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Govans Md

13. NAME of Father: Thos Gray

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of Mother: Elizabeth Little

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lida E Jones
(Address): 306 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 4/16 38

19. UNDERTAKER: Wm Cook
(Address): 1270 Edmondson Ave

20. FILED APR 15 1938 Thurlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): Apr 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1938 to April 13th 1938

I last saw her alive on April 12th 1938 Death is said to have occurred on the date stated above, at 2.05 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: ?

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If ... (Signed) Elbert C. Reitzel M. D.

4/14/38 (Address) 2245 Reisterstown Rd. Balto. Md

15836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 15836

CERTIFICATE OF DEATH

94-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Poplar Grove St., 20-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James V. Connor If U. S. Veteran specify WAR No Record

(a) Residence: No. 407 Poplar Grove St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Connor

6. DATE OF BIRTH (month, day, year) Nov 24th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Pat's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elliott Machine Shop

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME John Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Lydia Walker

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary V. Connor
(Address) 3518 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Date April 18th 1938

19. UNDERTAKER Williams Cook
(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar

APR 15 1938 Hunting for Philbrette, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30 1938 to April 13 1938

I last saw him alive on April 13 1938 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-30-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon Ashman M. D.

(Address) 1201 Poplar Grove St

15837

HEALTH DEPARTMENT—CITY OF BALTIMORE

15837

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 N. Wolfe St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles W. Roseing

(a) Residence: No. 1518 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1873

7. AGE — Years 64 | Months 3 | Days 16 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographing

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Daniel Roseing

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna C Hax

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Hammann

(Address) 224 Stonewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 18 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938 to April 14 1938

I last saw him alive on April 13 1938 Death is said to have occurred on the date stated above, at 6 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Cerebral Hemorrhage	2 days

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J Kraus M. D.

(Address) 2630 E. Baltimore

45838

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45838

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Fourth St. Brooklyn 25 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 14 dys. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ dys.

2. FULL NAME William Waldschmidt

If U. S. Veteran specify WAR _____

(a) Residence: No. 4010 Fourth St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Waldschmidt

DATE OF BIRTH (month, day, year): June 29, 1880

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City Police Dept.

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: George Waldschmidt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Nagelgast

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Mary E. Waldschmidt
(Address) 4010 4th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Cem. Date: Apr. 15 1938

19. UNDERTAKER: G. Howard Strong
(Address) 715 Light St.

20. FILED: Apr 15 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4/38, 19__, to Apr. 12/38 19__

I last saw him alive on Apr. 12/38, 19__. Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable carcinoma of Stomach and duodenum.	Unknown
Other contributory causes of importance: Perforation with internal hemorrhage.	Apr. 4/38

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Henry Waldschmidt M.D.

(Address) 923 Hanover St.

F 45839

45839 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Weiner

(a) Residence: No. 514 N Smallwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Goldin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 4/15/38

19. UNDERTAKER Jos. L. Levy Inc (Address) 1439 E. Baltimore St

20. FILED APR 15 1938 Harrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1938 to 4-15, 1938

I last saw h. m alive on 4-15, 1938 Death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brichial Vascular Collapse	4/13
Other contributory causes of importance: Heart Failure	

Was an operation performed? Yes Date of 4/7/38

For what disease or injury? Cholecystitis - Gastric ulcer

Name of operation Gastroenterostomy - Cholecystectomy

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot Michelson, M. D.

(Address) Sinai Hosp.

15840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15840

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred over 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Brown If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Leon Brown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None pt 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Goodale Date 4-14-38

19. UNDERTAKER Joseph Langhan

(Address) 1439 E. Pratt St

20. FILED 4 15 1938 Huntington Williams NE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1933 to April 14, 1938

I last saw her alive on April 14, 1938 Death is said to have occurred on the date stated above, at 7 55 p.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Bronchopneumonia

Hypertension

Arteriosclerosis

Chronic Cardiovascular Disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

45841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 45841

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Woodhome Ave. St., 27-5 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Matthews

(a) Residence: No. Burgeo, New Foundland St., Ward. British Subject
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jemima Matthews

DATE OF BIRTH (month, day, year) Jan. 27th, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired retail clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.A.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Burgeo N.F.

13. NAME Joseph Matthews

14. BIRTHPLACE (city or town) (State or country) New Foundland

15. MAIDEN NAME Susan Anderson

16. BIRTHPLACE (city or town) (State or country) New Foundland

17. INFORMANT Mrs. Matthews
(Address) 3201 Woodhome Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Burgeo, New Foundland 4/30/38

19. UNDERTAKER Fred. Lanahan & Son
(Address) 7201 Belair Rd.

FILED 4 15 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to April 15, 1938.

I last saw him alive on April 15, 1938. Death is said to have occurred on the date stated above, at 3.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3/25/38

Other contributory causes of importance:
Coronary Thrombosis
Generalized arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Post Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan Janney M. D.

(Address) 710 1 Hanford Rd.

5842 5842 15842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Shaw If U. S. Veteran specify WAR

(a) Residence: No. 508 N. Calhoun St., H Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Elliott Shaw

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Hazelle McLean

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT 72 cracks
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/16 38

19. UNDERTAKER T. E. Nelson
(Address) 1303 Eastmount Av

20. FILED 19 Registrar.
APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1938 to Apr 13, 1938

I last saw him alive on Apr 13, 1938. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	? 1934
Myocardial failure	
mitral stenosis & insufficiency	
Aortic insufficiency	
Other contributory causes (if important)	over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B. Brooks, M. D.

(Address) Johns Hopkins

45843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45843

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2239 Reed Hill St. 14-3 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Clara Robinson
(a) Residence: No. 2239 Reed Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Robinson

7. DATE OF BIRTH (month, day, year) Feb. 12 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.
13. NAME Reed Ham
14. BIRTHPLACE (city or town) (State or country) Richmond Va.
15. MAIDEN NAME Mary Banks
16. BIRTHPLACE (city or town) (State or country) Richmond, Va.
17. INFORMANT Julius Robinson
(Address) 2239 Reed Hill Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date April 15 1938
19. UNDERTAKER Mrs. George F. Woodland
(Address) 631 Reed Hill Ave
20. FILED 15 1938 19 E. Lingston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 1938
22. I HEREBY CERTIFY, That I attended deceased from 4/10 1938 to 4/17 1938
I last saw h[er] alive on 4/17 1938. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/10/38

Other contributory causes of importance:
Arteriosclerosis - Renal congestion

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Gwynn Bowley M. D.
(Address) 1124 N Carrollton Ave

F 45844

45844 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Broadway St. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Delbrick Maccubbin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1414 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lida E. Maccubbin

DATE OF BIRTH (month, day, year) Sept. 24 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John E. Marshall & Co

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Geo. D. Maccubbin

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Emily E Hall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs Lida E. Maccubbin 1414 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Apr 16 38

19. UNDERTAKER (Address) Wm Pickrodt Sons North & Fayette

20. FILED 1938 [illegible] Williams M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7-38, 19... to 4-13, 19 38

I last saw him alive on 4-13, 19 38 Death is said to have occurred on the date stated above, at 7.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2/7/38
Myocardial degeneration	4/10/38

Other contributory causes of importance

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation Closed ligation

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Daniel Miller M. D.

(Address) 1500 N Broadway

F 45845

45845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 116

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CLARA A. FINNEGAN

(a) Residence: No. 1213 North Montford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (or) WIFE of James A. Finnegan

6. DATE OF BIRTH (month, day, year) April 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	-----	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Dennis Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Byrnes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edwin Finnegan

(Address) 1213 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 16, 1938

19. UNDERTAKER Chas. J. Evans & Son

(Address) 1101 E. Fayette St.

FILED APR 15 1938 [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day (Date) above

The principal cause of death and related causes of importance were as follows:

Probable rupture of oesophageal varix

Date of onset

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) 1717 E. North Ave

5846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45846

CERTIFICATE OF DEATH

✓ 46-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 North Caroline St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH C. BOONE

(a) Residence: No. 1623 North Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John H. D. Boone

6. DATE OF BIRTH (month, day, year) Dec. 31, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William B. Smiley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Annie E. Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. William Boone
(Address) 1623 North Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Apr. 16, 1938

19. UNDERTAKER Chas. J. Evans & Son
(Address) 118 W. Mt. Royal Ave

20. FILED ..... 19 ..... Registrar.

Huntingdon Pittsburgh, Pa.

6 C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to April 13 1938

I last saw h alive on March 19 38 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach ?	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 2138 Harford Ave.

5847
344089

F 45847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes E. Rhey

If U. S. Veteran specify WAR

(a) Residence: No. Carlisle St., ... Ward. Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 2-15-77

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME James Elliott

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Eva Pearson

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Carlisle Pa Date April 18 1938

19. UNDERTAKER John A. Mitchell Funeral

(Address) 1900 Eutaw Place

FILED 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1938 to Apr 15, 1938

I last saw her alive on 4/15, 1938. Death is said to have occurred on the date stated above, at 3:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	4/14/38
Post Op. Broncho Pneumonia	4/10/38

Other contributory causes of importance:

Fract Non-Union Left Neck Femur, R	May 1937
Aortic Stenosis & Myocarditis,	1935

Was an operation performed? Yes Date of 4/8/38

For what disease or injury? Injury

Name of operation Bone graft Neck Rt Femur

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? Carlisle Pa

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell at home

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton C. Colby, M. D.

(Address) Johns Hopkins Hospital

5848

F 45848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 25-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Weedon Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Peter Barnes

(a) Residence: No. 3300 Weedon ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barnes

6. DATE OF BIRTH (month, day, year) Nov 2 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 71	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Felix Barnes

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT London Barnes

(Address) 3300 Weedon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 16, 1938

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St.

20. FILED 19 [illegible] Registrar.

APR 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 38 to Apr. 13th 38

I last saw h— alive on April 10 1938 Death is said to have occurred on the date stated above, at 8.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Arterio Sclerosis & Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, how?

(Signed) J. Bowley M. D.

(Address) 579 N Carrollton ave

5849 E 45849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Davis

(a) Residence: No. 943 Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

13. NAME Oscar Davis

14. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

15. MAIDEN NAME Lizzie Bunting

16. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

17. INFORMANT Ella Jones

(Address) 943 N. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington, N.C. Date April 16, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ..... 19 ..... Registrar.

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to April 10, 1938.

I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic C.V. Disease with severe decompensation, pericarditis — Date of onset ?

Other contributory causes of importance:

Rheumatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilson J. Wells M. D.

(Address) University Hospital

45850 E 45850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Spring St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Pfaffenberger

(a) Residence: No. 424 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christopher Pfaffenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Burbrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Buhl

(Address) 1645 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem. Date Apr 15 1938

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED Huntingtown Maryland, Md. Registrar

Apr 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schaefer Coroner, M. D.

(Address)

F 15851

45851 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Church Home and Infirmary Hospital

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Katherine Schaefer

(a) Residence: No. 518 N. Eutaw Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/5/1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Conrad Schaefer

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mete Raben

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Conrad Schaefer Jr

(Address) 518 N Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem Apr 16 1938

19. UNDERTAKER John Ellerick

(Address) 2008 Pulaski St

Filed APR 15 1938 Clinton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 14, 1938.

I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/8/38

Other contributory causes of importance:

Diabetes Mellitus — Years

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify —

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf

15852 HEALTH DEPARTMENT—CITY OF BALTIMORE 15852

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 14-3 St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold Claire

(a) Residence: No. 575 Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	20	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Celestine Hicks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Celestine Hicks
(Address) 575 Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/16 1938

19. UNDERTAKER Yates K Williams
(Address) 322 N Schroeder St

20. FILED ..... 19..... Registrar.

15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937 to April 15, 1938

I last saw him alive on April 14, 1938 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	
	over
Other contributory causes of importance: Tuberculosis of spinal cord.	Jan 1937

Was an operation performed? Yes Date of Feb 14, 1938

For what disease or injury? Tuberculosis of spinal cord

Name of operation Laminectomy

What test confirmed diagnosis? Path. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) John A. Marco M. D.

(Address) University Hospital

45853 F 45853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 32349 (MB) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-3 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alberta Greason

(a) Residence: No. 1924 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Greason

DATE OF BIRTH (month, day, year) 7/31/1896

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress ptt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Wild (d)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

Catherine Ashbach

15. MAIDEN NAME Wilhemina ? (d)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date April 16 1938

19. UNDERTAKER George L. Lehnert.
(Address) 1401 Frederick Ave.

20. FILED Hilding for Williamson Registrar.

APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 13, 1938.

I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 10 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

45854 E 45854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elsie Antonelli

If U. S. Veteran specify WAR .....

(a) Residence: No. Capitol Cheverly Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Antonelli

DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy
13. NAME Domine De Pito
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date 4/15/ 1938
19. UNDERTAKER Timothy Hanlon
(Address) 641-H St N.E. Washington D.C.
20. FILED ..... 19 ..... H. Williams Registrar.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1938 to 4-14 1938
I last saw her alive on 4-14 1938. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 13, 1938
For what disease or injury? Brain Tumor
Name of operation Left Craniotomy, Resection Left Frontal Lobe
What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) James Monroe Mason III M. D.
(Address) Johns Hopkins Hospital Baltimore, Md.

8855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15855

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis Wright (14069)

If U. S. Veteran specify WAR

(a) Residence: No. 312 N. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee

6. DATE OF BIRTH (month, day, year) Sept. 26, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester S. Car.

13. NAME Bell Wright

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Mary Lane

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chesterfield Date 4-15- 1938

19. UNDERTAKER Byron & Marie W. Knight

(Address) 1700 Edgerton

20. FILED APR 15 1938 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to April 11, 1938

I last saw h... alive on April 11, 1938 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous empyema	Aug. 1936
Generalized amyloidosis	Sept. 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/5/38

For what disease or injury? Tuberculous empyema

Name of operation Thoracotomy and Decortication

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

45856 ✓ F 45856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Harney St. 24-2 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Straung

(a) Residence: No. 725 Harney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Straus

6. DATE OF BIRTH (month, day, year) 9/2/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1940

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FAMILY

13. NAME Jos Straung

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Anna Tekria

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Elizabeth Straung
(Address) 725 Harney St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. date 4/16 1938

19. UNDERTAKER John J. Fahey & Son
(Address) 1316 Light St.

20. FILED APR 15 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1938, to Apr 13, 1938.

I last saw him alive on Apr 13, 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Left Lobar Pneumonia	4-7-38

Other contributory causes of importance:

Was an operation performed? None. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. & Aut. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Eschenbrenner M. D.

(Address) 842 S. East Ave

5857 ✓ F 45857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 15-7 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis A. Lapp

(a) Residence: No. 2117 Dennison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edles Lapp 1904 Fulton Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington Pk Date 4-15-38

19. UNDERTAKER Jos. Lewis Byer 1439 E. Baltimore
(Address)

FILED 4-15 1938 H. J. [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24th 1937 to April 14th 1938

I last saw him alive on April 14th 1938. Death is said to have occurred on the date stated above, at 5.26 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Back + Spine	13 mo ago
Other contributory causes of importance: Prostatic Disease	

Was an operation performed? Yes Date of 3 mo ago

For what disease or injury? Prostate Gland

Name of operation Prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elbert E. Reitzel M. D.

(Address) 275 Reisterstown Rd. Balto

4/15/38

15858 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15858

CERTIFICATE OF DEATH

-46-C

1. PLACE OF DEATH Sinai Hospital 16-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Adolph Gribtmer

If U. S. Veteran specify WAR

(a) Residence: No. 3519 S. Cornwall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
BUSHAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Bergenfelser

(Address) 359 S. Cornwall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pet Farm Cemetery Date 4/16 19 38

19. UNDERTAKER Stefan J. Fruhauf

(Address) 1100 S. Edwood Ave.

20. FILED APR 15 1938 Huntington Station, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1938 to 4/12, 1938

I last saw h[illegible] alive on 4/12, 1938 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Intestinal Obstruction	
Peritonitis	over

Other contributory causes of importance:

Senility.

Was an operation performed? Yes Date of 4/5

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Otto Seidel, M. D.

(Address) Sinai Hospital.

15859 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15859

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton aves. St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? 76 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie C. Schneider

(a) Residence: No. 77 Power Lane, Catonsville Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of William Schneider

6. DATE OF BIRTH (month, day, year) Jan. 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Kowalski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Louis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara A. Lewald
(Address) 203 Park Drive Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Apr. 16 1938

19. UNDERTAKER Easton Sons
(Address) Ellicott City.

Filed APR 16 1938
APR 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938 to April 14, 1938

I last saw her alive on April 14 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis (Possibly 99 1 Primary)	?
Arteriosclerotic Cardiovascular Renal Disease.	?

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Lawrence J. Shumaniuk, M. D.
(Address) St. Agnes Hospital

8860 HEALTH DEPARTMENT—CITY OF BALTIMORE 8860

CERTIFICATE OF DEATH

Registered No. 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 9 mon. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma M. Courtney

(a) Residence: No. 1804 Wilkens Ave.. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank X. Courtney

6. DATE OF BIRTH (month, day, year) July 12, 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel B. Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Frank X. Courtney

(Address) 1804 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/16 1938

19. UNDERTAKER Harry A Wolfe

(Address) 710 E Fayette St

Huntington Williams, Registrar.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	Apr 12
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury? Acute hem. Pancreatitis

Name of operation Laparotomy Date of 4/12

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Dennis Coroner M. D.

(Address) 1822 N. Baltimore St.

15861 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 15861

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Walter Franklin

(a) Residence: No. 6303 - Windsor Mill Road St., ... Ward. Woodlawn, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 2, 1930

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

13. NAME Harvey John Franklin

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

15. MAIDEN NAME Gertrude W Ideman

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Gertrude Franklin
(Address) 6303 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill, Date Apr. 16 1938

19. UNDERTAKER George E. Lehnert
(Address) 5111 Frederick Ave

20. FILED Apr 16 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1938. to April 15, 1938.

I last saw him alive on Apr. 15, 1938. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/9/38.
Other contributory causes of importance: Acute lymphatic leukemia	?

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Union Memorial Hosp.

5862 ✓ E 15862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Essie Beverley

(a) Residence: No. 1122 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Beverley

6. DATE OF BIRTH (month, day, year) 5 [illegible] 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
94	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER'S MAIDEN NAME

13. NAME Maria Cross
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md
15. MAIDEN NAME Sarah —
16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Ruth B. Jones
(Address) 1122 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Hunting Creek Calvert Co. Md. 4/16/38

19. UNDERTAKER Robert H. Young
(Address) 804 W. Caroline St.

20. FILED 19 [illegible] Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4, 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4, 5, 1938, to 4, 13, 1938

I last saw her alive on 4, 13, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operated Upper Tumor	11/1/37
	over

Other contributory causes of importance: none

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
.....If so, specify .....

(Signed) James P Carr M. D.

(Address) 615 Madison St

15863

HEALTH DEPARTMENT—CITY OF BALTIMORE

15863

48

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2315 E. Hoffman St. 8-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily Florence Cammann

(a) Residence: No. 2315 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry K. Cammann
7. DATE OF BIRTH (month, day, year): July 17, 1862
8. AGE: Years 75 Months 8 Days 24 If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (10 yrs)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Va
13. NAME: Dr. John M. Sheppard
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Virginia Young
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Mr. Harry K. Cammann
(Address) 2315 E. Hoffman St.
18. BURIAL, CREMATION, OR REMOVAL: Glendalen Va, Sept 16 1938
Place
19. UNDERTAKER: Wm Tickner & Sons
(Address) North & Pa Aves.
20. FILED ..... 19 ..... Registrar.

SEP 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1936, to Apr 15, 1938

I last saw her alive on Apr 15, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance: Cancer of uterus	Apr 33

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation x ray treatment

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) F. E. Neyer M. D.

(Address) 1301 2 Park St

15864 F 15864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Bklyn City Hospitals Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 2[illegible] Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Loretta Black

(a) Residence: No. 1070 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W. Loved

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Black (d)

6. DATE OF BIRTH (month, day, year) April 7-1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME [illegible] Neuendorf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Black
(Address) [illegible] Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park 4/16 38

19. UNDERTAKER Eugene A. Fahey
(Address) Fulton & Forsythe

5 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence thereof and from the evidence stated to me at the Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile - Debility	day
	April

Other contributory causes of importance Fracture upper third R. femur

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 8, 19 38

Where did injury occur 1070 W Cross St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on pavement in yard

Nature of injury Fracture upper third R. femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood M. D. Coroner

(Address) 1712 W. Baltimore St.

156

5865 B 15865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Maryland Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

Length of residence in city or town where death occurred 7 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWARD D. ARRINGTON If U. S. Veteran specify WAR

(a) Residence: No. Laithers Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Arrington

6. DATE OF BIRTH (month, day, year) Sept 7, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Arrington

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Browning

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Benjamin Bowdle

(Address) 1822 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem. Date April 18 1938

19. UNDERTAKER Harry W. Weer

(Address) Edmondville, Md.

FILED 1938 H. E. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16 1938

22. I HEREBY CERTIFY, That I attended deceased from APRIL 13 1938 to APRIL 16 1938

I last saw him alive on APRIL 16 1938 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

~~MYOCARDIAL FAILURE~~
HYPERTENSIVE-CARDIO-VASCULAR DISEASE WITH SEVERE DECOMPENSATION

Date of onset (?)

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Irving E Freeman M. D.

(Address) University Hospital

5866 ✓ 5866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 9-8 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Edward Frank Tormollen

If U. S. Veteran, specify WAR to Record

(a) Residence: No. 607 Gutman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs Katie Tormollen

6. DATE OF BIRTH (month, day, year) Dec. 12, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moore Kahn Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Father Tormollen

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Louise Krownott

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Katie Tormollen
(Address) 607 Gutman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date April 15th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 4 6 1938 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 15 1938, and I last saw him alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating Brain Tumor	about
Other contributory causes of importance: Terminal pneumonia	4-14

Was an operation performed? Yes Date of 4-5-38

For what disease or injury? Tumor

Name of operation Osteo-plastic bone flap

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Thos Jarboe Jr M. D.
(Address) Maryland General Hospital

5867 F 15867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home - Infirmary — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 32 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Mary Norfolk

(a) Residence: No. 508 Wilton Rd (Usual place of abode) Towson, Md Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: William P. Norfolk

7. DATE OF BIRTH (month, day, year): Oct 12th 1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Fargo N. D.

13. NAME: Henderson D. Merrick

14. BIRTHPLACE (city or town) (State or country): Lancaster Co Pa

15. MAIDEN NAME: Vennie Wambold

16. BIRTHPLACE (city or town) (State or country): Nova Scotia

17. INFORMANT: Wm P. Norfolk (Address) 508 Wilton Rd Towson Md

18. BURIAL, ~~CREMATION~~, REMOVAL: Henderson. Date April 18th 38

Undertaker Crematorium

19. UNDERTAKER: Wm Cook (Address) 1217 St Paul St

20. FILED: Huntington Williams M.D. (Registrar)

6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 . 1935. to April 14 . 1935

I last saw her alive on April 14 . 1935. Death is said to have occurred on the date stated above, at 10 1/4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myelogenous leukemia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15868 178 B F 45868

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elsie Carter

(a) Residence: No. 1412 Wood St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Carter

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Chas Mcelligon

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Laura Clark

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Chas Mcelligon (Wife) 1412 Wood St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/17 1938

19. UNDERTAKER Walter B. Suggs (Address) 132 Warwick Ave Westminster, Md

Registrar

APR 16 1938

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence) (Inquest, A copy of Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Copies of Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Novocaine Poisoning (Accidental) (Spinal anesthesia).	½ hr
Other contributory causes of importance: Uterine fibroid -	3 mos.

Was an operation performed? Yes Date of Uterine fibroid April 13 38

For what disease or injury?

Name of operation Laparotomy (Incomplete) Date of April 13 38

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/13, 1938

Where did injury occur? Operating table (anesthesia). (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lanvale Hospital

Manner of injury Succumbed to Spinal Anesthetic.

Nature of injury Paralysis of Respiratory Center

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Shane, M. D.

Coroner

(Address) 2 East Eutaw Place

S 6

15869 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15869

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 S. East Avenue St., 76 Ward) 11

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Emmerich

(a) Residence: No. 1120 S. East Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Emmerich

7. DATE OF BIRTH (month, day, year) March 8, 1857

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Henz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Samer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katie Lightner
(Address) 1120 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemtery Date April 17, 38

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

4 16 1938 Huntington Willigerod, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938 to April 13, 1938

I last saw her alive on April 13, 1938 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apl. 7/38

Other contributory causes of importance: Chronic Myocarditis Sept. 1937

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry B. Kelly, M. D.

(Address) 2904 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15870 F 15870

CERTIFICATE OF DEATH

93c

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1119 S. Clinton St., 7-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline White

(a) Residence: No. 1119 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. White

6. DATE OF BIRTH (month, day, year) Aug. 27-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER'S FATHER'S

13. NAME Michael Nitzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Howard White
(Address) 1119 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemt. Date April 18 1938

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED APR 16 1938 Huntington Williamsett, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 15, 1938

I last saw h... alive on April 14, 1938 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Cor. Hypertrophy	
Bronchial pneumonia	4-8-38
Myocardial failure	4-13-38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy? No.

What test confirmed diagnosis? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. A. Schumacher, M. D.

(Address) 842 S. East Ave.

5871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15871

CERTIFICATE OF DEATH

46D

1. PLACE OF DEATH

CCK--22659

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 15 Ward 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Kate Dober

(a) Residence: No. 2226 Walbrook Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis

6. DATE OF BIRTH (month, day, year) 7-12-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	85	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Ehonbert Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katie Klift

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Loraine Cemty Date Apl. 18 38

19. UNDERTAKER Norcross Corp.

(Address) 1217 St Paul Street

19[illegible] 1938 Huntington Williams Veterans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to April 14 1938

I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

5

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15872

CERTIFICATE OF DEATH

32111--rhc

F 15872

Registered No. 958

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2 - 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Pauline Webb

(a) Residence: No. 1604 Lancaster St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) 3/12/1867

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christian Storch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date April 16 38
P.O. Schwartz

19. UNDERTAKER Williams Brook
(Address) 217 St Paul St

20. FILED APR 18 1938 19 ... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 13, 1938

I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45873

CERTIFICATE OF DEATH 32023 (MB)

F 45873

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward) 46 J

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Anderson

(a) Residence: No. 671 Pierce St. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry (d)

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Letha Anderson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 16, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FILED APR 16 1938 Edington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to April 13, 1938.

I last saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at 9:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach Metastasis.	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. DeSantis M. D.

(Address) Baltimore City Hospitals

15874 F 15874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3811 Second St., Brooklyn Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Frederick Weidner

(a) Residence: No. 3811 Second St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Brown

6. DATE OF BIRTH (month, day, year) Jan 29th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year) 10/37

11. Total time (years) spent in this occupation 00 1/2

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Geo. F. Weidner

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary Newton

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Minnie Weidner
(Address) 3811 Second St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 4/16/38

19. UNDERTAKER C. J. Fanning & Son
(Address) 1931 E. Lafayette Ave.

20. FILED
APR 16 1938
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1938 to Apr. 14 1938

I last saw h[illegible] alive on Apr. 12 1938 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Cardiac Thrombosis	7/14/38
Senile Myocarditis	10/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Williams M. D.

(Address) 1 E Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45875 — CERTIFICATE OF DEATH — F 45875

Registered No. 94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3402-Dudley Ave. St., 16-3 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 Days da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No

2. FULL NAME George L. McLean

(a) Residence: No. 3402-Dudley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (Lorek)

6. DATE OF BIRTH (month, day, year) July 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day give AGE in hours or ... min.
61	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston, S. C.

FATHER

13. NAME George McLean

14. BIRTHPLACE (city or town) (State or country) Charleston, S. C.

MOTHER

15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (city or town) (State or country) [illegible], S. C.

17. INFORMANT Mrs. Margaret McLean

(Address) 3402-Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/18/1938

19. UNDERTAKER George W. Rhodes & George V. Ruth, Inc.

Address 1725-Harford Ave.

20. FILED APR 16 1938

Washington Witness NCP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 14, 1938

I last saw him alive on Apr. 13, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1936 ?
Arterial Hypertension	1930
arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wilson M. D.

(Address) 1317 E. Pattison Balto

15876 ✓ F 15876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1860

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St. 12 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fanny Huline de Shields

(a) Residence: No. 2201 St. Paul St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Raleigh C. deShields

6. DATE OF BIRTH (month, day, year) June 30, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Thos. Albert Huline

14. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER

15. MAIDEN NAME Hannah E. Campbell

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs. Charlotte Carville Huline

(Address) 2201 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 18 1938

19. UNDERTAKER Wm. J. Tiekner And Sons

(Address) North and Fa. Aves.

FILED 16 1938 Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Inquiry

Inquiry

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	4/12
Cerebral hemorrhage	3/30
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/30, 1938

Where did injury occur? Rear 100 E. 22 St Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Building in rear of home

Manner of injury Fell on floor. Striking head.

Nature of injury Cerebral hemorrhage & concussion

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. J. Mauro Coroner, M. D.

(Address) 1822 W. Baltimore St.

5877

HEALTH DEPARTMENT—CITY OF BALTIMORE 5877

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor Sue Kehne

(a) Residence: No. Home for Incurables St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kehne

6. DATE OF BIRTH (month, day, year) June 16 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

MOTHER FATHER

13. NAME Daniel Grumbine

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Ann Schaffer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emily Bachtel (Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Apr 19 1938

19. UNDERTAKER H. J. Fichter & Sons (Address) Balto

20. FILED Apr 16 1938 Huntington Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to April 14, 1938.

I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	1929
Arteriosclerotic Nephritis	"

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Conrad Acton M.D. M. D.

(Address) Home for Incurables

✓ F 15878

5878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 20-1 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Virginia Mercer McComas

(a) Residence: No. 520 Normandy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. A. McComas

6. DATE OF BIRTH (month, day, year) February 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

FATHER

13. NAME Cornelius Mercer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Rollins

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Mercer B. McComas

(Address) 516 Stamford Road

18. BURIAL, CREMATION, OR REMOVAL Place McKendree Com. Cockeysville, Md. Date April 18, 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

85 yrs

The principal cause of death and related causes of importance were as follows:

Fracture of Right femur

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/5, 1938

Where did injury occur? 520 McComas at
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on steps-Kitchen

Manner of injury slipped or stumbled and fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Lamer, M. D.
Coroner

(Address) 1213 Dawson

C. S. 8

15879) HEALTH DEPARTMENT—CITY OF BALTIMORE

15879

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Clinton St., 76 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Mc Fadden

If U. S. Veteran specify WAR .....

(a) Residence: No. 117 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 9 1873

7. AGE: Years 64 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Alexander Mc Fadden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Mc Gee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Eleanor Mc Mullen

(Address) 117 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 18, 1938

19. UNDERTAKER John A. Hogan

(Address) 3000 E. Balto St.

APR 16 1938 [illegible] Williams, M.D. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1938 to 4-14-1938

I last saw her alive on 4-14-1938 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
arteriosclerosis

Date of onset .....

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) John J Gould M. D.

(Address) 14 N East ave

E 45880

5880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Chester Kucharek

(a) Residence: No. Margaret Ave Essex md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kucharek

6. DATE OF BIRTH (month, day, year) 2-3-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Kucharek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Marczake

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 4/18 38

19. UNDERTAKER John Linder
(Address) 2211 Madison Ave

20. FILED ..... Registrar.

4 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1938 to 4-14 1938

I last saw h[illegible] alive on 4-14 1938. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hypoplasia, right kidney	?
Nephritis, chronic, type undetermined, left kidney.	?
Other contributory causes of importance:	
Hypertensive cardiovascular disease, secondary to nephritis	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Luetscher, jr. M. D.

(Address) Johns Hopkins Hospital

15881 E 15881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Pennington Ave. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth 70 yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas W. Hodgson.

(a) Residence: No. 80 Vine St. Camden, N. J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or ~~XXXXXX~~ HUSBAND (or ~~XXXXXX~~) of Sally Hodgson.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	11111111		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Thomas Hodgson.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Blanche Baker. (daughter)
(Address) 3710 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 16 1938

19. UNDERTAKER William M Mareck
(Address) 715 Light St.

6 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilbur Reinhardt, Coroner, M. D.

4/15/38 (Address) 1017 S. Charles St.

S 6

Hurd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15882

15882

CERTIFICATE OF DEATH

87B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 S. CONKLIN St. 36-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME DORA HERD

(a) Residence: No. 901 S. CONKLIN ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MATTHEW HERD.

6. DATE OF BIRTH (month, day, year) MAR. 8/1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN SCHANE.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME CATHERINE ?

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MATTEW HERD. (HUS.)
(Address) 901 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Apr. 18 1938

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 405 S. Wolfe St.

20. FILED APR 16 1938 H. Singleton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to Apr 15, 1938.

I last saw h[illegible] alive on Apr 14, 1938. Death is said to have occurred on the date stated above, at 12/30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1933
Generalized Arteriosclerosis	
Terminal Bronchopneumonia	April 1938
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sub Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Schumacher M. D.

(Address) 842 S. Ellwood Ave.

4588 3 HEALTH DEPARTMENT—CITY OF BALTIMORE E 4588 3

CERTIFICATE OF DEATH 107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Hakesley Place St., 8-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Stella

(a) Residence: No. 1627 Hakesley Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 1/2	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Stella

14. BIRTHPLACE (city or town) (State or country) Fenkastown West Va.

MOTHER

15. MAIDEN NAME Eva Romig

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Stella
(Address) 120 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 16 38

19. UNDERTAKER Leo V. Cook
(Address) 1703 N Patterson Park Ave

6 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Bronchio pneumonia (Primary) — Date of onset

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schumacher M. D.
Coroner

(Address)

V c 6

F 45884

HEALTH DEPARTMENT—CITY OF BALTIMORE

45884

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 E. Eager St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Leo Butler

(a) Residence: No. 2101 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Butler

6. DATE OF BIRTH (month, day, year) Mar. 29-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Butler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Annie Butler
(Address) 2101 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date April 18, 1938

19. UNDERTAKER John P. McElroy
(Address) 2334 Jefferson St.

20. FILED APR 19 1938 Harrington Williams, Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937 to April 13, 1938

I last saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mos

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 15885

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St 19-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriet Moore

(a) Residence: No. 1527 W Mulberry St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest-

6. DATE OF BIRTH (month, day, year): 3-29-12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER FATHER

13. NAME: Henry James

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Lelia Caufield

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Edenton N.C. Date 4/16 38

19. UNDERTAKER: William A Jackson (Address) 916 Pennsylvania Ave Huntington West Virginia

20. FILED APR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 19 1938 to Apr 14 1938

I last saw her alive on Apr 14 1938 Death is said to have occurred on the date stated above, at 7.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
Pericarditis	?
Empyema	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Lemann M. D.

(Address) Johns Hopkins Hospital

O. K. Faul Schaefer, M. D.

15886 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 186a F 15886

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 2E-4 Ward)

Length of residence in city or town where death occurred 88 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. John W Illeims

(a) Residence: No. 914 E Pratt St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Carie Williams

6. DATE OF BIRTH (month, day, year) Aug 5 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Apr. 16 1938

19. UNDERTAKER Frank D. Schaefer
(Address) 512 N. Howard St.

20. FILED APR 16 1938 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr-6 1938 to Apr-14 1938

I last saw him alive on Apr-14 1938 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured 3rd Cervical vertebrae	3/31/38
Bronchial pneumonia	4/7/38

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Mar. 31 1938

Where did injury occur? Balt. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Fall down steps.

Nature of injury fracture 3rd Cer. vert.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

WINSTON E 15887

HEALTH DEPARTMENT—CITY OF BALTIMORE

15887 1744246 15887 1944-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Winston

(a) Residence: No. 218 E Mary st St., 22 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/28/99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home-wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ronnie Branch

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Stanley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 16 1938

19. UNDERTAKER Robert E Williams

(Address) 1515 W Mary st.

20. FILED ... 19 ... Registrar

APR 16 1938 Harrison Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April - 5 - 1938 to April - 13 - 1938

I last saw h alive on April - 13 - 1938 Death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-10-38
Vaginal hemorrhage	4-8-38
Other contributory causes of importance:	
Placenta praevia	4-8-38
Childbirth	4-8-38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E W Overstreet M. D.

(Address) Johns Hopkins Hospital

F 15888

15888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH — Registered No. CGK--31668

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Mitchell

(a) Residence: No. 1603 Race St. St. 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 2-22-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Dearing

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date April 18 1938

19. UNDERTAKER G. Howard Evans
(Address) 5400 Belair Road

Apr 18 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1938 to 4-15 1938

I last saw him alive on 4-15 1938. Death is said to have occurred on the date stated above, at 10 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach with metastasis	unknown
Other contributory causes of importance:	

Was an operation performed? yes Date of 4/13/38

For what disease or injury Carcinoma Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis Surgery Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15889 108 F 15889

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Audrey Miles

(a) Residence: No. 244 N. Montford East, 1-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years | Months: 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME James Miles
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leola Booker
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date 4-16- 1938

19. UNDERTAKER Mrs. N. C. E. Elliott-Daughter (Address) 1129 N. Caroline St.

20. FILED ..... 19 ..... Registrar

APR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1938 to 4-16, 1938

I last saw her alive on 4-15, 1938 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-11-38
Empyema	4-14-38
Spontaneous pneumothorax	4-14-38

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Roentgen Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Griffin Jr., M. D.

(Address) Johns Hopkins Hospital

5890

HEALTH DEPARTMENT—CITY OF BALTIMORE

5890

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Hubbard Alley Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Jennings

(a) Residence: No. 929 Hubbard St., 10-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Susie Jennings

6. DATE OF BIRTH (month, day, year) April 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pension Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Jennings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Susie Jennings

(Address) 929 Hubbard Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvery Date 4-16-, 1938

19. UNDERTAKER Wm P. G. E. Elliott & Sons

(Address) 1129 N. Carolina St

Filed Apr 16 1938 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

viewed by said ... and that said deceased came (Personal, Autopsy or Inquiry)

his ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about June 1 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George Keller M. D.

(Address) 507 Linwood St

45891 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45891

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Homewood Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Breitung

(a) Residence: No. 1309 Homewood Ave. St., 9-9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of Karl Breitung

6. DATE OF BIRTH (month, day, year): Nov.-30-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 Yrs.	5Mo.	16days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Wegaforth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Karl Breitung 1309 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt. St. Holy Redeemer Cem. Date: April 18 1938

19. UNDERTAKER (Address): Henry Boecker Sons Inc. 1301 E. Eager St.

20. FILED APR 16 1938 19 Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April-14-1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938 to April 14, 1938

I last saw h alive on April 14, 1938 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia.	April 6
Cardiac failure (congestive)	April 6

Other contributory causes of importance: arteriosclerosis.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Levitsky M. D.

(Address) 714 E. Preston St.

M. D. H. 1268-9

45892 ✓ F 45892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Presstman St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. U.S.A. navy.

2. FULL NAME Alexander Wicks

(a) Residence: No. 1509 Presstman St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Wicks

6. DATE OF BIRTH (month, day, year) July 3, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Navy (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.N.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice Wicks

(Address) 1509 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date April 18 1938

19. UNDERTAKER Thos. E. Nelson

(Address) 1302 Presstman St

20. FILED APR 16 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938 to April 13, 1938

I last saw him alive on April 10, 1938 Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease — Hypertension	?
Other contributory causes of importance: Cerebral Hemorrhage	4/5/38

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

William H. Williamson M.D.

(Address) 1928 Penna Ave.

F 45893

45893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Calvert St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon ds.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Irene

(a) Residence: No. 1014 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene Clark

6. DATE OF BIRTH (month, day, year): July 8 190

7. AGE: Years 29 | Months 4 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot Co Md

FATHER

13. NAME Mason Allen

14. BIRTHPLACE (city or town) (State or country): Talbot Co Md

MOTHER

15. MAIDEN NAME Sara Bowser

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

17. INFORMANT Mrs Eugene Clark

(Address) 1014 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date April 17 38

19. UNDERTAKER T. E. Kelson

(Address) 1302 Pressman St

20. FILED APR 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and (saw the deceased alive, held an (Inquest, Autopsy or Inquiry) thereon, and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	3 Days
Acute Gastritis	1 week

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner

(Address)

V S 6

15894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15894

CERTIFICATE OF DEATH

19-4 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1873 Ramsay St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert L. Humphry

If U. S. Veteran specify WAR

(a) Residence: No. 1873 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Helen Humphry

6. DATE OF BIRTH (month, day, year) Dec. 11 - 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drill press operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward D. Humphry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Lindsay

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Edna Helen Humphry
(Address) 1873 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 4-19 38

19. UNDERTAKER George L. Lapsnat.
(Address) 2101 Ludwick Rd

20. Filed 6 1938 Arlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to April 16, 1938

I last saw h... alive on April 10, 1938. Death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	4-16-38

Other contributory causes of importance:

Rheumatic Heart Disease unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..... If so, specify .....

(Signed) Nathan Rosen, M. D.

(Address) 206 S. Gilmor St.

6 8

15895 E 15895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12-2 47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gunnoway Apts St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. James Crawford Clarke

If U. S. Veteran specify WAR NONE

(a) Residence: No. Gunnoway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Allen Clarke

6. DATE OF BIRTH (month, day, year) Nov-14-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Sept 1-1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Huntingdon Penna

FATHER

13. NAME James C. Clarke

14. BIRTHPLACE (city or town) (State or country) Birmingham Penna

MOTHER

15. MAIDEN NAME Adelaide Graham

16. BIRTHPLACE (city or town) (State or country) Lewisburg Penna

17. INFORMANT Mrs Mary A. Clarke wife

(Address) Gunnoway Apts. City

18. BURIAL, CREMATION, OR REMOVAL

Place Phila. Pa. Date Apr-18 1938

19. UNDERTAKER Lewis H. Moore Company

(Address) 108 W. Preston St.

20. FILED 4-12-1938 Washington Pettigrew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to April 15 1938

I last saw h alive on April 13. 1938 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Secondary tumors	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.

(Address) 612 W Lexington St

6 1938

15896 ✓ F 15896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Canterbury Rd St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Williamina Eliza Stooper

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3800 Canterbury Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 15 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Pitt Stooper

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Maria White

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Mrs Louis M. Rawlins

(Address) 3800 Canterbury Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivanhoe Date Apr 10 1938

19. UNDERTAKER Stewart McComb

(Address) 101 Hamburg St

20. FILED Apr 10 1938 [illegible] Registrar.

APR 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7 1938 to April 10 1938

I last saw h dec alive on April 10 1938 Death is said to have occurred on the date stated above, at 10½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 7-38
Cardio Pulmonary Disease	Yrs 12-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I Mott Lockard M. D.

(Address) 2117 Linden Ave

F 15897

15897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ x 49-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. St. 7 - 2 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME MRS. J. FRED WHITESIDE (JEAN) If U. S. Veteran specify WAR

(a) Residence: No. OXFORD, PENNSYLVANIA St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Whiteside

6. DATE OF BIRTH (month, day, year) Feb 5, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Co. Penn

FATHER

13. NAME Tyson Schwenk

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Fred Whiteside
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Union, Chester Co. Pa. Date April 19 '38

19. UNDERTAKER C. P. Rogers
(Address) Oxford, Pa

6 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to April 16, 1938.

I last saw her alive on April 16, 1938. Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMATOSIS, ADENOCARCINOMA (OVARIAN)	1937?

Other contributory causes of importance:

Was an operation performed? No Date of 1938

For what disease or injury? ASCITES

Name of operation PARACENTESIS

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, ...

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

E 15898

15898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 9-4 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Richard Thomas

(a) Residence: No. 412 S Gilmor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): JAN 22-1938.

7. AGE: Years 1; Months 2/30; Days 22; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edward R. Thomas

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Leanna J. Wanchu

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Edward R. Thomas

(Address) 412 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Jan 16 1938

Funeral Home: C. J. B. Shipley & Son

19. UNDERTAKER: C. J. B. Shipley & Son

(Address) 1300 Eastern Ave

20. FILED: 19 ... Registrar.

1.6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1938, to 4/14, 1938

I last saw him alive on 4/14, 1938. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp.

F 45899

45899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Southern Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Ernest (ERNEST)

If U. S. Veteran specify WAR

(a) Residence: No. 2808 Southern Ave St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna

6. DATE OF BIRTH (month, day, year) Dec 12 1855

7. AGE: Years 82. Months 4 Days 18 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Ernst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie A. Peahlman

(Address) 2808 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 16/38

19. UNDERTAKER Wm. H. B. Tippett & Son

(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar

APR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10 1938 to April 14 1938.

I last saw him alive on April 14 1938. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days
Arteriosclerosis	
Interstitial nephritis	
Chronic Interstitial Nephritis	3 Yrs
Contracted Deformities	30 Yrs
and Weakness	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Crawford M. D.

(Address) 1015 N. Howard St.

11

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15900 15900

CERTIFICATE OF DEATH

√ 131

1-PLACE OF DEATH 527 Nelson Ave.

CITY OF BALTIMORE: (No.) 527 Nelson Ave (St.) 27-18 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. B. Eck Jr.

(a) RESIDENCE NO. 527 Nelson Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Amelia Eck

6 DATE OF BIRTH (month, day, and year): April 5, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Banker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Mary Amelia Eck Wife

(Address) 527 Nelson Ave.

15 4/15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1938

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to April 14, 1938, that I last saw him alive on April 13, 1938, and that death occurred, on the date stated above, at 6:30 A m.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

R. Hemiplegia

Chronic Nephritis

(duration) 3 yrs 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Ashhurst, M. D.

4/14, 1938 (Address) 401 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: April 16 1938

20 UNDERTAKER: Charles W. Pilk

ADDRESS 1107 Eutaw Ave

F 45901

F 45901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6015 Old Harford Rd St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Kavakos

(a) Residence: No. 6015 Old Harford St., Ward.

(Usual place of abode) 22 Yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Pinou

6. DATE OF BIRTH (month, day, year): unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greece

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMANT: George Agnew

(Address) 402 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: June 18 38

19. UNDERTAKER: Francis Reese

(Address) Westminster Md

20. FILED: JUN 1938 Registrar: Westminster, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938 to April 14, 1938

I last saw h/ alive on April 13, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Bilateral

Date of onset: On or about April 7, 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George Gontos M. D.

(Address) 319 Medical Arts Building

15902 E 15902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Street 2-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edward G. Wilson

(a) Residence: No. 2018 Gough St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Catherine Wilson

6. DATE OF BIRTH (month, day, year) Jan 4th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goodwill Industry

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Tyler Wilson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Jane A. Barrett

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Clyde Wilson

(Address) 1909 Grindall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 19th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 17 1938 19 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938 to April 16, 1938

I last saw him alive on 4/16/38, 19 A. Death is said to have occurred on the date stated above, at 11:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	9/25/38
Subdural Hematoma	
-	
Other contributory causes of importance:	
Second Hemorrhage	4/13/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? SPINAL PUNCTURE Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

15903 HEALTH DEPARTMENT—CITY OF BALTIMORE 15903

32237--rhw

CERTIFICATE OF DEATH

46-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp'tals St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR? No record

2. FULL NAME Edward Smith

(a) Residence: No. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
male	white	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Blanche V. Smith

6. DATE OF BIRTH (month, day, year) 5/5/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Ellen Hook

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 19th 1938

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED APR 17 1938 Huntington Millard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to April 16, 1938

I last saw him alive on April 16, 1938. Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

F 45904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45904

CERTIFICATE OF DEATH

193-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2854 W Lanvale St. 16-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Virginia V. Longley

(a) Residence: No. 2854 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. If Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thos E Longley
6. DATE OF BIRTH (month, day, and year): March 1. 1860
7. AGE: Years 78 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: John O Cross
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Elizabeth Fairbank
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Thos E Longley
(Address) 2854 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 4/18 1938

19. UNDERTAKER: W M Cook Co
(Address) 127 St Paul St

20. FILED ... 19... Registrar

Arlington Nurseries, Inc.

APR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 - 1938 to Apr. 14 - 1938

I last saw h.. alive on Apr. 14 - 1938 Death is said to have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	1936
Myocarditis	1936
Cerebral Hemorrhage	Apr. 1. 38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac E. Dickson. M. D.

(Address) 3055 W North ave.

F 45905

F 45905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Sargeant St. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary A. Wagner

(a) Residence: No. 1222 Sargeant St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Wagner

6. DATE OF BIRTH (month, day, year) Mar 11th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Unk 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Saxton M. Evans

(Address) 2823 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 17 1938

19. UNDERTAKER Wm Cook

(Address) 1219 St. Paul St

20. FILED June 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 , 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/16
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. J. Feiser, M. D.
Coroner

(Address) 1822 W. Baltimore St.

V S 6

45906 F 45906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Nellie Webb

If U.S. Veteran specify WAR

(a) Residence: No. Mount Airy 2nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry Webb

6. DATE OF BIRTH (month, day, year) June 11, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Airy Maryland

FATHER

13. NAME Frank Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Mills

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Harry Webb. (Address) Mount Airy. Md.

18. BURIAL, CREMATION, OR REMOVAL Pine Grove Date April 19 38

19. UNDERTAKER C. M. Webb (Address) Winfield Md.

20. FILED 19 Registrar

R 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 38

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 16, 1938

I last saw h e alive on April 16, 1938. Death is said to have occurred on the date stated above, at 9 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Ovary, left - & generalized metastasis	?

Other contributory causes of importance:

Intestinal obstruction	4-15-38
Broncho Pneumonia	4-15-38

Was an operation performed? Yes Date of 4-13-38.

For what disease or injury? Exploratory laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Sellers, M. D.

(Address) Woman's Hosp.

15907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 15907

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Roland Ave Ward) 3-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ramsey M. McSherry

(a) Residence: No. 3507 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. McSherry.

6. DATE OF BIRTH (month, day, year) Nov 22, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George Swilbliss

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Agnes Knott

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT James E. McSherry.

(Address) 3507 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Calvary Cathedral Date April 18, 1938

19. UNDERTAKER Thos. Howard & Son.

(Address) 3615 Chestnut Ave.

20. FILED 19 Registrar

4-17-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to April 15, 1938

I last saw her alive on April 15, 1938 Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/15/38
Other contributory causes of importance: Hypertension, with Cardio-vascular disease	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm N. McSherry Jr. M. D.

(Address) 1800 N. Charles St.

15908

HEALTH DEPARTMENT—CITY OF BALTIMORE

15908

CERTIFICATE OF DEATH

3245 (MB) 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred li yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1341 S. Clinton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/4/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph E. Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Slaga

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date April 18 1938

19. UNDERTAKER George W. Junkin
(Address) 1737 E. Eagle St.

20. FILED ... 19 ... Registrar.

APR 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1938, to 4-15, 1938.

I last saw him alive on 4-15, 1938. Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMOCOCCAL MENINGITIS	3

Other contributory causes of importance:

Lobular pneumonia
Pneumococcal septicaemia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Bond C. 1 Punct

What test confirmed diagnosis? x-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ~o If so, specify ...

(Signed) John Fradkin M. D.

(Address) Baltimore City Hosp

F 45909

45909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Lamont ave 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leana Ford

(a) Residence: No. 1600 Lamont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Alonzo E. Ford

6. DATE OF BIRTH (month, day, year): March 26 1866

7. AGE: Years 72; Months; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md

FATHER

13. NAME: Francis Sparks
14. BIRTHPLACE (city or town) (State or country): Somerset County Md

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Somerset County Md

17. INFORMANT: Mrs Elwell
(Address) 1600 Lamont ave

18. BURIAL, CREMATION, OR REMOVAL: April 18 1938
Place: Baltimore Cemetery

19. UNDERTAKER: Henry Lutz
(Address) 1203 W. Broadway

Filed 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to 4/15 1938

I last saw h alive on 4/15 1938 Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2d
Other contributory causes of importance: Arteriosclerosis Diabetis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. Sandler M. D.

(Address) 2178 W. Northern

45910 F 45910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Fayette Ave St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Edward Sheridan — If U. S. Veteran specify WAR

(a) Residence: No. 1624 Linden Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith May Sheridan

6. DATE OF BIRTH (month, day, year) May 2 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, Sr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Houston Tex

FATHER

13. NAME Harry Sheridan

14. BIRTHPLACE (city or town) (State or country) Houston Tex

MOTHER

15. MAIDEN NAME Mary Tierney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edith May Sheridan
(Address) 1624 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 4/17/38

19. UNDERTAKER Thos. E. Kennedy Sons
(Address) 2124 E. Fayette St.

20. FILED 4/17/1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to April 16 1938

I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Nephritis

Date of onset: over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Featherman, M. D.

(Address) 2324 Reisterstown Rd

F 45911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45911

CERTIFICATE OF DEATH

46-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Edmondson Ave St., 46-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Alaria

(a) Residence: No. 1318 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Virgil Alaria

6. DATE OF BIRTH (month, day, year): May 30 1884

7. AGE: Years 53 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Joseph Boone
14. BIRTHPLACE (city or town) (State or country): West River Md.

MOTHER

15. MAIDEN NAME: Sarah E. Ergus
16. BIRTHPLACE (city or town) (State or country): West River Md.

17. INFORMANT (Address): Sarah E. Symons 1318 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL: Arbutus Memorial Park 4/17 38

19. UNDERTAKER (Address): Robert F. Cowen 804 N. Caroline St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to April 14, 1938.

I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	1 yr ago
Other contributory causes of importance: Generalized abdominal carcinoma	1 yr

Was an operation performed? yes Date of about 1 yr ago

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? Pathological + Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. Young M. D.

(Address) 1429 Eutaw Pl.

VS 3

15912 15912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 John St. St. 14-1 Ward)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME thomas A. Richardson

(a) Residence: No. 1702 John St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mame M. Richardson

6. DATE OF BIRTH (month, day, year) July 23 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept. 1938

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mame M. Richardson
(Address) 1702 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 4/18/38

19. UNDERTAKER J. Tew McCully
(Address) 130 E. Fort Ave.

20. FILED ..... 19 ..... Registrar.

4-17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938. to April 14, 1938
I last saw him alive on April 14, 1938 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	
Arterio-sclerosis	1937

Was an operation performed? No Date of c

For what disease or injury? No one

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? c Date of Injury ..... 19 .....

Where did injury occur? c
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Francis M. Ogden, M. D.

(Address) 2701 N. Calvert St.

45913 HEALTH DEPARTMENT—CITY OF BALTIMORE F 45913

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Hal D. Rockwell

(a) Residence: No. Boulevard Apts (St. Paul + 32nd) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fanny Hamill Rockwell

6. DATE OF BIRTH (month, day, year) July 27 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.W. Co. Maryland

FATHER

13. NAME Samuel L. Rockwell

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Susan Talbott

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Mrs. Hal D. Rockwell
(Address) 2 Boulevard Apts. St. Paul & 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 19 1938

19. UNDERTAKER Wm. H. Miller
(Address) 1003 N. Eutaw St.

20. FILED APR 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1937 to 4-16, 1938

I last saw him alive on 4-16, 1938 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Arteriosclerotic cardiovascular Dis	
Coronary Thrombosis -	
cerebral	
Other contributory causes of importance:	
Benign Prostatic Hypertrophy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Krol M. D.
(Address) South Balto. Gen. Hosp.

✓ F 45914

45914 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-e

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-2 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Walter Coates

(a) Residence: No. 6 H H Perkins Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Hattie Coates

6. DATE OF BIRTH (month, day, year) 6-24-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jessie Coates

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Hattie Coates

(Address) 6 H H Perkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date April 17 1938

19. UNDERTAKER Charles L. Cooke

(Address) 514 N. Calhoun St.

20. FILED APR 7 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) and that said deceased came hrs death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel E. Wolfe M. D.

(Address) 1331 E North Ave

V S 6

45915 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45915

CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward) 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME Donald Dewley Burley — If U. S. Veteran specify WAR .....

(a) Residence: No. 1732 W. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 1930

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas A Burley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elsie Dewley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elsie Burley
(Address) 1432 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Sebastian Mem Pk Date April 18 38

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

APR 17 1938

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.15.38

22. I HEREBY CERTIFY, That I attended deceased from 4.12.38 to 4.15.38

I last saw him alive on 4.13.38. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular bronchopneumonia, bilateral	4.2.38

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) James D Carr M. D.

(Address) 515 Madison St

VS 9

F 45916

15916

HEALTH DEPARTMENT—CITY OF BALTIMORE

#30883
SF

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-6 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Townes

(a) Residence: No. 1700 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 8/22/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Berry

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem. Pk. Date April 7, '38

19. UNDERTAKER Wm. Joseph Holland
(Address) 163 Edmondson Ave

20. FILED 4/7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1938 to 4-15 1938

I last saw him alive on 4-14 1938 Death is said to have occurred on the date stated above, at 12 noon A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

45917 E 45917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Eutaw Place + Brooks Lane

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Esplanade Apt. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah F. Katzenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. Esplanade Apt. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berg Katzenstein

6. DATE OF BIRTH (month, day, year) Apr. 11, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leon. Frank.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Fleishman

16. BIRTHPLACE (City or town) (State or country) Germany.

17. INFORMANT Mrs. Walter Kaye

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cy. Date Apr. 18 1938

19. UNDERTAKER David Sonnenborn Sons

(Address) 1702 Eutaw Place

APR 17 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938 to April 16, 1938

I last saw h[e] alive on April 16, 1938 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice after Sclerosis	10 yrs
Other contributory causes of importance:	
Bronchitis Sclerosis	5 yrs

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emma B. Mayer, M. D.

(Address) The Esplanade

15918 2 82 ✓ F 45918
344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108-1498

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No.) St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Kolosky — If U. S. Veteran specify WAR

(a) Residence: No. 905 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 3-18-05

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME John Boyer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lottie Schaffer

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 18 1938

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED APR 17 1938 Huntington Williams M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938 to Apr 14, 1938

I last saw her alive on Apr 14, 1938 Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 10
Other contributory causes of importance:	
Bronchitis	
Pregnancy - delivered	Apr 9

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Walter B. Brack, M. D.

(Address) Johns Hopkins

15919 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15919

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 204 Argyle ave St. 17-2 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dophie Siddons

If U. S. Veteran specify WAR .....

(a) Residence: No. 1204 Argyle ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of George Siddons

6. DATE OF BIRTH (month, day, year) 4/23-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Stepter Sorrell.

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Susan Hemon

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT Mamie Lewis

(Address) 1204 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 4/18 1938

19. UNDERTAKER Franco A Hemplesi

(Address) 578 N Biddle St

20. FILED APR 1 1938 Hunting Tapp Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to April 14, 1938

I last saw h.. alive on April 14, 1938. Death is said to have occurred on the date stated above, at 3 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast	1930
	1930
Other contributory causes of importance: Anemia	4/13/38
Hemorrhage	4/13/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry B. Lutz M. D.

(Address) 1741 E. Eager St

15920 F 15920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 108

CITY OF BALTIMORE: (No. Caton & Wilkens ave St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Marlene Parker — If U. S. Veteran specify WAR

(a) Residence: No. 133 S. Calvertone Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 9. 36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland.

FATHER

13. NAME Lloyd Kirl Parker

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Marie C. Baker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Lloyd K. Parker
(Address) 133 S Calvertone Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date April 19 1938

19. UNDERTAKER F. C. Heppert & Son
(Address) 1300 East ave Md

20. FILED APR 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14 1938 to April 15 1938.

I last saw her alive on April 15 1938 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia entire + left lung.	4-6-38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lawrence J Shimanek M. D.
(Address) St Agnes Hospital

45921 ✓ F 45921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7219 Old Harford Rd. (Ward) 27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. 7219 Old Harford Road St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel R. Marshall.

6. DATE OF BIRTH (month, day, year) Sept 27-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81.	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Bagley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME ? Beattie

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Sarah B. Venture

(Address) 7219 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Date April 18, 1938

19. UNDERTAKER H. B. Hobbs & Son

(Address) 30 Eutaw Place

20. FILED 19 Registrar

APR 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937 to Apr. 14, 1938

I last saw h.. alive on Apr. 14, 1938 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance: Uremia	Apr. 10th 1938

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H. Carder M. D.

(Address) 1819 St. Paul St.

15922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 15922

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2846 Mayfield Ave. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J Reilly.

If U. S. Veteran specify WAR

(a) Residence: No. 2846 Mayfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha E. Reilly

6. DATE OF BIRTH (month, day, year) 7 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest 20 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Penn.

FATHER

13. NAME Thomas J Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Tierny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Reilly
(Address) 2846 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date 4/18/38.

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

FILED 4-17-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937 to April 15 1938

I last saw he alive on April 14 1938 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	15 mos
Mitral Regurgitation	6 mos
Diabetes mellitus	5 mos
Uremia & Cirrosis	
Other contributory causes of importance: Chronic Interstitial Nephritis	5 mos

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Venesection -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A Stevens M. D.

(Address) 2818 Harford Rd

F 45923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45923

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irving L. Knisley

If U. S. Veteran specify WAR

(a) Residence: No. Laurel P. Geo. Co. St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. Knisley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Howell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas. E. Knisley

(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL

Savage Md. Date April 19 1938

19. UNDERTAKER J. Lloyd Tawes

(Address) Laurel Md.

20. FILED APR 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry) death on the day stated above.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Internal Injury	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident April 17 Injury 1938. 19

Where did injury occur? Wash. Bulv. Laurel Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Fell from Bicycle under rear of Truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Crellin M. D.

(Address) 3757 Wash Blvd Coroner

OCCUPATION is very important. See instructions on back of certificate.

45924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 45924

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1024 W Lexington St. 18-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (town) where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel McClellan
If U. S. Veteran specify WAR

(a) Residence: No. 1024 W. Lexington St., Ward. Chester S.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) 3-16-1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	1		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James McClellan (Address) 945 W. Fayette st

18. BURIAL, CREMATION, OR REMOVAL Place Chester S.C. Date 4/19 38

19. UNDERTAKER Williams & Jackson (Address) 916 Pennsa Ave

20. FILED APR 18 1938 Williams & Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1938 to April 16 1938
I last saw h[illegible] alive on April 15 1938. Death is said to have occurred on the date stated above, at 6, 7 m.

The principal cause of death and related causes of importance were as follows: Date of onset

Pneumonia (Primary)
Arterio Sclerosis
Myocarditis (Secondary)
Principal Cause

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Dunn M. D.
(Address) 522 W. Arlington Ave

M. D. B. 1268-9

45925

F 45925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 203-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jabez William Hook

(a) Residence: No. 2106 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Hook

6. DATE OF BIRTH (month, day, year) May 15th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Gen.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trained Broiler

10. Date deceased last worked at this occupation (month and year) 4-14-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

FATHER

13. NAME Edward L. Hook

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Lavinia J. Simpson

16. BIRTHPLACE (city or town) (State or country) Baltimore Co

17. INFORMANT Nellie Hook
(Address) 2106 E Lafayette Ave

18. BURIAL, CREMATION OR REMOVAL

Place Pine Grove Cem Date 4-18 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED 19 Registrar.

APR 18 1938 Huntington Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15- 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased on August (Inquest, Autopsy or Inquiry) and that I have viewed the remains and from the evidence obtained by me and from (Inquest, Autopsy or Inquiry) I am of opinion that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Right Thigh	
Pulmonary Embolus	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-14-38

Where did injury occur? Mt Hope Retreat
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from Lift

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. Chenoweth M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

15926

HEALTH DEPARTMENT—CITY OF BALTIMORE

15926

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Duncan St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME John F. Kolert

If U. S. Veteran specify WAR

(a) Residence: No. 719 N. Duncan St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Kolert

6. DATE OF BIRTH (month, day, year) Jan. 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kolert

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Kolert

(Address) 705 N. Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Md. Date April 19 1938

19. UNDERTAKER Frank Brach & Son

(Address) 1906 Eastern Ave

20. FILED April 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (from the evidence obtained by said inquest) find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Reuter, M. D. Coroner

(Address)

DUPLICATE IS very important. See instructions on back of certificate.

4-18-1938

F 15927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15927

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospitals 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Everhart G. VonKarstedt

(a) Residence: No. 1739 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian VonKarstedt

6. DATE OF BIRTH (month, day, year) May 25, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Overnight Transfer Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs 3

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard VonKarstedt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Alice King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Alice Pate (Mother)
(Address) 1739 Hanover St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Apr. 19, 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

20. FILED APR 18 1938 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ortscheid M. D.
Coroner

(Address)

45928 F 45928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 32499 (MB) 82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Stella Horney,

If U. S. Veteran specify WAR .....

(a) Residence: No. 35 N. Curley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 6/26/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (087)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Francis (d)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane McKewen (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Co Date April 19 38

19. UNDERTAKER John 2008 Ulgut (Address) Oakenwald St

Huntington Williamsport Md

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 15, 1938

I last saw her alive on April 15, 1938 Death is said to have occurred on the date stated above, at 10.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-13-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Lamballe M. D.

(Address) Baltimore City Hospitals

15929 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15929

CERTIFICATE OF DEATH

93-a

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Garrison Blvd. St. 15-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine L. Carr

(a) Residence: No. 2300 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James E. Carr

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

MOTHER

15. MAIDEN NAME Amanda M. Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Herbert N Gerry
(Address) 2300 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 4-18-38

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

20. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1938, to Apr 15, 1938

I last saw her alive on Apr 14, 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	4 d.
Upper Respiratory infection - Since Mar 17, 1938	

Other contributory causes of importance: Chronic Arterial Hypertension Gener. Arterio Sclerosis at least 20 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Lockard M.D.

(Address) 4 E. Preston St.

OCCUPATION IS VERY important. See instructions on the back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45930 CERTIFICATE OF DEATH V82-a F 45930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd St. 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Jackson Boyd

If U. S. Veteran specify WAR .....

(a) Residence: No. 3203 Farrington Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Virginia L Boyd

6. DATE OF BIRTH (month, day, year) October 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	75	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rubber Industry

10. Date deceased last worked at this occupation (month and year) January 24 1933

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John J. Boyd

14. BIRTHPLACE (city or town) (State or country) Stockholm, Maryland

MOTHER

15. MAIDEN NAME Jennie Adelaide Lockard

16. BIRTHPLACE (city or town) (State or country) Middletown Maryland

17. INFORMANT Mrs Virginia Lee Boyd.

(Address) 3203 Farrington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mayland Mem. Pk. Date April 19 1938

19. UNDERTAKER Walter Brooke Bradley

(Address) 1822 N. North Ave.

20. FILED ... 19... Kensington Maryland

APR 18 1938 Lehs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1938 to April 16 1938

I last saw him alive on April 16, 1938 Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Cerebral Hemorrhage	3/28/38
Other contributory causes of importance: Fractured Left hip —	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Edel M. D.

(Address) 3403 Garrison Blvd

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

15931 E 15931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Fremont ave St., 18-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Pollack

(a) Residence: No. 102 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Meyer

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wolf Aaron Paul

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fan Pollack (Address) 102 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rixdale Date April 18 1938

19. UNDERTAKER Sol Levinson & Bros (Address) 1124-26 W. North ave

Huntington Williams Asst. Registrar.

FILED APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1929 to April 14, 1938.

I last saw h[illegible] alive on April 16 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 days

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor D Levy M. D.

(Address) 2324 Eutaw place

HAUPT

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

F 45932

F 45932

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Haupt

(a) Residence: No. 3005 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria J. Haupt

6. DATE OF BIRTH (month, day, year) Jan 21 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Poultry dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jacob Haupt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Landenberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jacob Haupt Wife

(Address) 3005 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 18 1938

19. UNDERTAKER Vernon Keehner

(Address) 230 Edmondson Ave

Williams MD

APR 18 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above, as obtained by said (Inquest, Autopsy or Inquiry) 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver,	
Gastric Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar Gruner Coroner, M. D.

(Address) 120 Fayette St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45933

CERTIFICATE OF DEATH.

93-c

F 45933

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3913 Hayward Ave St. 27-18 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida F. Thompson

(a) RESIDENCE NO. 3913 Hayward Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton Thompson

6 DATE OF BIRTH (month, day, and year) Sept. 8 1831

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER Thomas Bowers

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Anna Hitner

13 BIRTHPLACE OF MOTHER (city or town) Pa.

(State or country)

14 Informant Mrs. Gladys Helms

(Address) 1732 Jackson

Filed APR 18 1938 Huntington Wilkinson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1938 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 (Address) 2757 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial 4/19 193

UNDERTAKER L. F. McCully ADDRESS 130 E For

15934 15934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Martin~~ Peter Martin

If U. S. Veteran specify WAR

(a) Residence: No. 637 Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1890

6. DATE OF BIRTH (month, day, year) 3/8/90

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Arthon Martin

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Rosa Hilden

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/18/ 1938

19. UNDERTAKER Rayner Saunders

(Address) 413 E Preston St

20. FILED APR 18 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1938 to 4-15, 1938

I last saw h. alive on 4-15, 1938. Death is said to have occurred on the date stated above, at 1030 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertension, Arteriosclerosis	
Arteriosclerotic nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B. Buck, M. D.

(Address) Johns Hopkins

F 15935

F 15935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 16-2 (Ward)

Length of residence in city or town where death occurred (after 20 yrs) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine E Rice

(a) Residence: No. 1135 Pennsh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic (home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Rice

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ethel Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James F. Butler
(Address) 1135 Pennsh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date 4/19 38 19

19. UNDERTAKER J. E. Kelgon
(Address) 1302 Presstman St

20. FILED APR 18 1938 Edington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercranial Meningitis	24hrs.
Other contributory causes of importance: Pelvic Inflammatory disease	4 mos

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical history & findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Almand, M. D. Coroner

(Address) 230 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 45936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45936

CERTIFICATE OF DEATH

✓ 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1367 N. Hunter St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Trinity

(a) Residence: No. 1367 N. Hunter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Trinity

6. DATE OF BIRTH (month, day, year) 4/1/1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Marion Gorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Trinity (Address) 1367 N. Hunter St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date 4/18/38

19. UNDERTAKER T. E. Kelson (Address) 1305 Pennsylvania Ave

20. FILED APR 18 1938 (Date) A. L. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/8/38, 19..., to 4/14/38, 19...

I last saw her alive on 4/11/38. Death is said to have occurred on the date stated above, 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/8/38
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Ellis M. D.

(Address) 527 N. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

15937

HEALTH DEPARTMENT—CITY OF BALTIMORE

15937

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Rogers Ave St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geraldine Jackson

(a) Residence: (No. 1723 Rogers Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 30-37

7. AGE: Years | Months: 9 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: School

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cairo Md

FATHER

13. NAME: Elijah Jackson

14. BIRTHPLACE (city or town) (State or country): U S A

MOTHER

15. MAIDEN NAME: Mary Davis

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT: Elijah Jackson

(Address) 1723 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 4/18 38 19

19. UNDERTAKER: T. E. Kelson

(Address) 1303 Pres St

19 Huntington Wilkinson, W. Va.

R 18 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): April 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	May 14 38
Pneumonia	
Primary	
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Allen M. D.

(Address) 509 Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15938 | CERTIFICATE OF DEATH | F 15938

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Powhatan Ave. St. 15-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Cora Virginia White

(a) Residence: No. 3501 Powhatan Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucius R. White Sr.

6. DATE OF BIRTH (month, day, year) March 27-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Boarmen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Askey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lucius R. White Sr.
(Address) 3501 Powhatan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Apl. 18 1938

19. UNDERTAKER [illegible]
(Address) North & Pennsylvania Ave

20. FILED APR 18 1938 Huntington Williams, R.F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1928. 19... to April 16 1938
that she was alive on April 16 1938. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Gradual
Arterio-Sclerosis	
Myocarditis	1 mo
Cerebral Hemorrhage	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. H. Goody M. D.
(Address) 1403 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

15939

CERTIFICATE OF DEATH

87-3 F 15939

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. Lake Ave St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Edith Hann Watson

(a) Residence: No. 425 E. Lake Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rev. Edward L. Watson

6. DATE OF BIRTH (month, day, year) April 18, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Hann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susanna Maker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Paul S. Watson
(Address) 425 E. Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Ce. Date April 18, 1938

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Ave

20. FILED APR 18 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from December, 1936, to April 16, 1938.

I last saw her alive on April 15, 1938. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Years.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry M. Henson, M. D.

(Address) 20 E. Preston Street

F 45940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45940

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sara Blumberg

(a) Residence: No. 2476 Shirley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herman Lipetz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 4-18-38 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

Filed APR 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest I do find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Secondary)	
Other contributory causes of importance: Fracture of Right Femur	

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/29 19 38

Where did injury occur? 2476 Shirley Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) Coroner

V 6 6

F 45941

F 45941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1837 Chapel St. 8-5

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran (Specify) Spanish, specify WAR American

2. FULL NAME John Krichten

(a) Residence: No. 1837 E. Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 24. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg. Pa.

FATHER

13. NAME Lewis Krichten

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Fisher

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Wilbur Krichten
(Address) 1839 Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date March 9 1938

19. UNDERTAKER Richard D. Meyer
(Address) 1020 Ashburton St.

20. FILED MAR 16 1938 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to April 16 1938

I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	
Chronic Bronchitis	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schumacher M. D.

(Address) 1914 E. Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 15942 — 94 F 15942

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 114 E. Belvidere ave (St.) 27 (Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James V. Clarken

(a) Residence: No. 114 E. Belvidere ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: adeline Mundig Clarken

6. DATE OF BIRTH (month, day, year): May 15 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Patterson N.J.

FATHER

13. NAME: Terrence Clarken

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Carroll

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Clarken

(Address) 114 E. Belvidere

18. BURIAL, CREMATION, OR REMOVAL

Place: Loral Date 4/20 1938

19. UNDERTAKER: Margaret G. Flynn

(Address) 1402 Light St

20. FILED: Washington Williams Registrar

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 17 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to Apr 17 1938

saw h[im] alive on Apr 15 1938 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: Sudden Death

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) E. McGean M. D.

(Address) 705 Med Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45943

CERTIFICATE OF DEATH

✓ 48 F 45943

Registered No. W 2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 W. Lafayette Ave Ward) Ho-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Hundley

(a) Residence: No. 1426 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Hundley

6. DATE OF BIRTH (month, day, year) March 9 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Carmel Md

FATHER

13. NAME Moses Lyon

14. BIRTHPLACE (city or town) (State or country) Bedford Co. Va.

MOTHER

15. MAIDEN NAME Katie Smith

16. BIRTHPLACE (city or town) (State or country) Mt. Carmel Md

17. INFORMANT Benj. Hundley (Address) 1426 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date April 18, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St

APR 18 1938 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1938 to April 15 1938

I last saw her alive on April 5 1938. Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	Aug. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Watts M. D.

(Address) 515 S. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45944 — CERTIFICATE OF DEATH — 139-B — F 45944

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 647 Calhoun ST. 16-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Palmer

(a) RESIDENCE NO. 647 N. Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 31, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dom. $10

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

PARENTS

10 NAME OF FATHER Lewis Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co. Va

12 MAIDEN NAME OF MOTHER Edna Nutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co. Va

14 Informant Mrs. Edna Palmer

(Address) 447 N. Calhoun St

15 APR 18 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1938

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 15, 1938, that I last saw her alive on April 14, 1938, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Douglas Sheppard, M. D.

4-18-38 (Address) 1063 Mayfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irvington, Northumberland Co Va — DATE OF BURIAL April 19 3

UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 [illegible] Schroeder

F 45945

5945

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32393 SF

CERTIFICATE OF DEATH

✓107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ronald White

(a) Residence: No. 2113 Division St. St., ... Ward ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/15/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 mo.	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Freeman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise Taliaferro

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL cremation

Place Balto. City Hosp. Date 4-15- 1938

19. UNDERTAKER Hospital disposal by cremation

(Address) Williams, N.Y.

20. FILED APR 18 1938 for Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1938, to 4-13, 1938

I last saw him alive on 4-13, 1938. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance:	
Severe	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wynnton Fradkin, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

45946 F 45946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32491--rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-1 Ward) 160-B Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Milleker, Baby Boy

(a) Residence: No. 1817 E. Franklin St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/14/1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Milleker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Wise

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, (CREMATION) OR REMOVAL cremation

Place Balto. City Hosp. Date 4-15 - 1938

19. UNDERTAKER Hospital disposal by cremation

(Address)

20. FILED Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1938, to 4/14, 1938.

I last saw him alive on 4/14, 1938. Death is said to have occurred on the date stated above, at 10:26 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (32 wks.)	
Atria - Cardiac Hemorrhage	4/14
Other contributory causes of importance:	
	none

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, what duty ...

(Signed) Charles P. Hoddinott M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

APR 18 1938

15947

HEALTH DEPARTMENT—CITY OF BALTIMORE

15947

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH: Baltimore City Hospitals 121

CITY OF BALTIMORE: (No.) Bay View St., 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Mary Corcannon

(a) Residence: No. 750 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie Corcannon

6. DATE OF BIRTH (month, day, year): June 19 88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	29		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman Pier 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Patrick Corcannon

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Feeney

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Carrie Corcannon

(Address) 750 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer April 20 1938

19. UNDERTAKER: Albert M. Gerigny

(Address) 940 E. Northern Pkwy

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and state the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	April
	14-
	April

Other contributory causes of importance: Rupture of appendix

Was an operation performed? No Date of

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of April

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 45948

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45948

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Harford Ave. St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Patrick Quirk

If U. S. Veteran specify WAR .....

(a) Residence: No. 941 Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse-shoerer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Quirk

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Evans

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Stanley Yakel

(Address) 705 McKewin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 19-1938

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED APR 18 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1938 to 4/14 1938

I last saw h[illegible] alive on 4/14 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis - Acute dilatation of heart	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gale ✓ E 15949

HEALTH DEPARTMENT—CITY OF BALTIMORE

15949

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-1 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Gale (II) 3018 (Clifton Park Terrace)

(a) Residence: No. St. Joseph's Hosp. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day 24 hrs. or min.
			24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elmer Lee Gale

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Doris Adeline Corsen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL APR 18 1938
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED 19 ..... Registrar

APR 18 1938

3948

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938 to April 17, 1938

I last saw h[illegible] alive on April 17, 1938 Death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Gilbert E. Rudisill M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 15950

HEALTH DEPARTMENT—CITY OF BALTIMORE

15950

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gale (I) If U. S. Veteran specify WAR

(a) Residence: No. St. Joseph's Hospital (Usual place of abode) 3018 Clifton Ave. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3½ hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elmer Lee Gale

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Doris Adeline Cowan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 18 1938 19

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED APR 18 1938 Registrar. Williams M.D.

394H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938 to April 17, 1938

I last saw her alive on April 17, 1938. Death is said to have occurred on the date stated above, at 12⁰² A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert E. Rudman M. D.
(Address) St. Joseph's Hospital

F 45951

F 45951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Wahl

(a) Residence: No. 3628 Park Heights Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie K. Wahl

6. DATE OF BIRTH (month, day, year) Dec. 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Conrad Wahl

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Charlotte Stang,

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Marie K. Wahl

(Address) 3628 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date April 20, 1938

19. UNDERTAKER Frederick Leuthauser

(Address) 7401 Belair Road

20. FILED APR 18 1938 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-17-38
Other contributory causes of importance: Hypertension Cardiovascular Renal Disease.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.
Coroner

(Address) 1311 North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15952

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH St. Agnes Hospital 27-4
CITY OF BALTIMORE: (No. ~~3000 Hamilton Ave.~~ St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Jane Tames

(a) Residence: No. 3000 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles G. Tames

6. DATE OF BIRTH (month, day, year) July 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME George E. Dodd,

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Armanda Chalk,

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Mr. Charles H. Tames,
(Address) 3000 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 19 1938

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED Apr 19 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Physician, Autopsy or Inquiry)
had that said deceased came (Physician, Autopsy or Inquiry)
to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 18 1938

F 45953

Manser

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5801 Belair Rd. (Ward) 26 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Manser

(a) Residence: No. 1 Raynford Rd. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17th 1938

7. AGE	Years	Months	Days	If LESS than 1 day — hrs. or 12 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Philip L. Manser

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Anna C. Mayne

16. BIRTHPLACE (city or town) (State or country) Balto City Md.

17. INFORMANT Mrs. P. L. Manser

(Address) 1 Raynford Rd. Govans

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date April 19 1938

19. UNDERTAKER Fred Lange & Son

(Address) 7401 Belair Rd.

20. FILED 19 Registrar

APR 18 1938

Attendant or Informant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938 to April 17, 1938

I last saw him alive on April 17, 1938 Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia neonatorum	4/17/38

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. W. Bacon M. D.

(Address) 810 Taylor Ave. Hamilton, P. O.

OCCUPATION is very important. See instructions on back of certificate.

15954 F 15954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-95-B #29887 SF

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Daniel Bies

(a) Residence: No. 709 S. Fremont Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year) 12/29/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Henry Bies

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Queen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Nat Cemetery Date April 19 1938

19. UNDERTAKER Joseph A. Lurby

(Address) 1409 N Mount Street

20. FILED APR 18 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to April 13, 1938.

I last saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 45955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45955

CERTIFICATE OF DEATH

32476 JS 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs mos. da. How long in U. S. If of foreign birth 38 yrs. mos. da.

2. FULL NAME Frank Paszkiewicz

If U. S. Veteran specify WAR .....

(a) Residence: No. 248 S. Collington Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Paszkiewicz

6. DATE OF BIRTH (month, day, year) April 15 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Paszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna Terlecki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Holy Rosary Date April 19 1938

19. UNDERTAKER John M Weber

(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar.

APR 18 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1938 to 4-15 1938

I last saw h.e.m. alive on 4-15 1938 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease Uremia	Months four days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E K Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 45956

F 45956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St. 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Aree

If U. S. Veteran specify WAR .....

2. FULL NAME John Ulatoski

(a) Residence: No. 2232 Eastern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Tillie

6. DATE OF BIRTH (month, day, year) June 15 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~47~~ 43	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stanley Ulatowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Magdalen Dapinski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Regia Ulatowski
(Address) 2232 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. April 20 38

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar

APR 18 1938 Acting for Williams, M.D.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. (Last Statement)
OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1938 to 4-15 1938

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-10-38
Hypertensive Cardiovascular Renal Disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lawrence J Shimanek M.D.

(Address) St Agnes Hospital

45957 HEALTH DEPARTMENT—CITY OF BALTIMORE 45957

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH — CGK-15677 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-2 Ward) — If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Cosgrove

(a) Residence: No. 272 N. Exeter St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-4-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary. Neunce

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/19 1938

19. UNDERTAKER The D. K. Smith Co.
(Address) 16 W. Mt. St.

20. FILED 1938 Registrar. Huntington Hollins M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937 to April 17, 1938

I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis general	?
Hypertension	?
Bronchopneumonia	4-16-38
Other contributory causes of importance Benign prostatic hypertrophy	1936

Was an operation performed? Yes Date of 4-16-38

For what disease or injury? enlarged prostate

Name of operation supra-pubic exploration

What test confirmed diagnosis? Clinically Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto C. Brautigan M. D.
(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 45958

45958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2065 Woodbury Ave St. 13-8 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Lutman

(a) Residence: No. 2065 Woodbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W Lutman

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Lutman

Address 3436 Ash St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Apr 20, 1937

19. UNDERTAKER Chenoweth & Son

(Address) 3615 Chestnut Ave

20. FILED Apr 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1937

22. I HEREBY CERTIFY, That I took charge of the above described ... (Inquest, Autopsy or Inquiry) ... thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Miller M. D.

(Address) 2757 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 45959

45959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Carlton St. 10 Ward) ✓

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Beal

(a) Residence: No. 1224 Carlton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Beal

6. DATE OF BIRTH (month, day, year) March 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benson N. Carolina

FATHER
13. NAME Wesley Green
14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER
15. MAIDEN NAME Lizzie Bacon
16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT James Beal
(Address) 1224 Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date April 15 1938

19. UNDERTAKER Mrs P.A. Elliott & Daughter
(Address) 1224 Carlton St.

20. FILED ..... 19..... Registrar.

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1938 to 4-13 1938

I last saw h[illegible] alive on 4-12 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of exact
Pulmonary Tuberculosis	3/1/38
	4/1/38

Other contributory causes of importance Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? .....

What test confirmed diagnosis? Signs & Symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. H. Luke M. D.

(Address) 924 Linwith Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15960

15960

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Harry Gibson

(a) Residence: No. 912 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	-	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtained

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 18 1938 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Huntington Williams M.D. Registrar.

APR 18 1938

3950 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1938 to 4-8 1938

I last saw him alive on 4-8 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vasc. Renal Disease — Cerebral Hemorrhage (Paralysis left side)

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Abbott M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

STATISTICAL DATA OF DEATH in plain terms, so that it may be properly classified. Exact statement of

Aleksander Drapczynski

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45961

45961

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH 529 S Lakewood ave

CITY OF BALTIMORE: (No. ~~Alexander~~ Broad St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Aleksander Drapczynski

(a) Residence: No. 529 S Lakewood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Drapczynski

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Shoemaker~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam Drapczynski

(Address) 529 S Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 4/21 38

19. UNDERTAKER Jos. J. Duda

(Address) 2211 Eastern Ave

20. FILED ... Registrar.

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to April 17, 1938.

I last saw him alive on April 16, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Stomach	
Myocardial degeneracy	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Sienkowski M. D.

(Address) 2529 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45962 Gran #3 ✓ F 45962

HEALTH DEFARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 ac

1. PLACE OF DEATH Balto. Harbor

CITY OF BALTIMORE: (No. Foot of Fell St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Unknown

(a) Residence: No. 5' 6" 135 lbs St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jas. W. Thompson
(Address) Police Boat Md. Capt.

18. BURIAL, CREMATION, OR REMOVAL PUBLIC CEMETERY APR 18 1938
Place Date 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED APR 18 1938 ..... 19 ..... Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest
(Inquest, Autopsy or Inquiry)
find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19 .....

Where did injury occur? Balto. Harbor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor

Manner of injury Not Known.

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45963

CERTIFICATE OF DEATH

157-T

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Tollen

If U. S. Veteran specify WAR .....

(a) Residence: No. 613 S. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) 4/14/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Student~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Tollen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Minick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Tollen
(Address) 613 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsville Date 4/18/38

19. UNDERTAKER Kendall Hooper
(Address) 1205 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

R 1-6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/14/38, 19 ... to 4/14/38, 19 ...

I last saw h.c.b. alive on 4-14-38, 19 ... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Polydactylism	
Hair Lip Bilateral	
Cleft Palate	
Malformation Cranial Bones	

Other contributory causes of importance:

now Born

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Brumbaugh Walls, M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15964

CERTIFICATE OF DEATH

F 15964

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N Rose St St., 7-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie E. Hollins

(a) Residence: No. 507 N Rose St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Hollins

6. DATE OF BIRTH (month, day, year) May-30-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Kerns

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rosa Feltner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William E. Hollins

(Address) 507 N Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 4-19-38

19. UNDERTAKER John C. Miller Inc

(Address) 2425 E. Oliver St

20. FILED APR 18 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16- , 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to April 16, 1938, last saw her alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel C. Prof M. D.

(Address) 1331 E. Monument Ave

state CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15965

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Gilmor St., 19-3 Ward)

Length of residence in city or town where death occurred 95 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Hamilton

If U. S. Veteran specify WAR

(a) Residence: No. 213 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Mary Hamilton

6. DATE OF BIRTH (month, day, year): Nov. 12 1842

7. AGE: Years 95 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dray Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: James Hamilton

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Hardy.

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Louis Pot
(Address) 1804 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk. Date: Apr. 19 1938

19. UNDERTAKER: Geo. L. Beyer Jr
(Address) 512 Gilmor St.

20. FILED: 19 Registrar

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1 1937, to April 16 1938

I last saw him alive on April 16, 1938. Death is said to have occurred on the date stated above, at 8 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4-16-38
Other contributory causes of importance: generalized arteriosclerosis	—

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor St.

Information should be written in ink, and must be complete. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

15966 15966

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Ave St. 25 Ward)
Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John F. McGraw
(a) Residence: No. 11 Dudbrook Lane St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jane McGraw

6. DATE OF BIRTH (month, day, year) April 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER
13. NAME David J. McGraw
14. BIRTHPLACE (city or town) (State or country) West Virginia
15. MAIDEN NAME Jane Phillips
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Jenkins Memorial Hospt 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date Apr 21 1938

19. UNDERTAKER (Address) Chas E. Evans Son 118 W. Mt Royal Ave

R 18 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to 4-18 1938
I last saw him alive on 4-18 1938 Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-5-38
Hypertensive Cardiovascular Renal Disease.	4-10 "

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Laurence J. Shumaker M. D.
(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15967

15967

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. Ann St St., 2-~~3~~ Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wincenty Baran

(a) Residence: No. 249 S. Ann St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albina Baran

6. DATE OF BIRTH (month, day, year) May 19. 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sand blaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winkler Co

10. Date deceased last worked at this occupation (month and year) ~~2~~ 10

11. Total time (years) spent in this occupation ~~2~~ 10

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Martin Baran

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Frank.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Albina Baran Wife
(Address) 249 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 19-38

19. UNDERTAKER Fred W. Ofrazer Sister
(Address) 1920 Eastern Ave.

20. FILED ... 19... Huntington Williams, M.D. Registrar.

APR 18 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. ... 19 37 to Apr. 15 ... 19 38.

I last saw h[im] alive on Apr. 14 ... 19 38 Death is said to have occurred on the date stated above, at 6 P ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung	1936?
" " Skin ?	1935

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George A. Pilcher M. D.

(Address) 432 S. Caton Ave Bal. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15968

HEALTH DEPARTMENT—CITY OF BALTIMORE 15968

CERTIFICATE OF DEATH 32347 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-3 100 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Klusewitz,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2505 Eastern Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 6/26/1885 ?

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
~~54~~ 52 ~~54~~	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Naysarek, Francis

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Angela Pelz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 20 1938

19. UNDERTAKER Fred W. Ozbuzenski
(Address) 1930 Eastend Ave.

20. FILED ... 19 ... Registrar.

APR 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 15, 1938

I last saw her alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	4-15-38
Other contributory causes of importance: Thrombophlebitis of leg	4-1-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15969

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Frankford Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Matthew J Monahan

If U. S. Veteran specify WAR

(a) Residence: No. 2808 Frankford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Monahan

6. DATE OF BIRTH (month, day, year) 11-5-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FIREMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CITY Hospitals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Monahan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Agnes Monahan
(Address) 2808 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 4/19/38

19. UNDERTAKER Leonard J Boyd
(Address) 5805 Harford Ave

20. FILED 19... [illegible] N. Y.

APR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to April 16, 1938

I last saw him alive on April 15, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Metastases	
Other contributory causes of importance: Senile Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Frankel M. D.

(Address) 5427 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 15970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15970

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — CGK--32419 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabelle Nelson — If U. S. Veteran specify WAR .....

(a) Residence: No. 1641 Orleans St. St., ... Ward ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5-10-1877 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~55~~ 60 ~~55~~	? 11	? 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/20 38

19. UNDERTAKER Williams & Jackson (Address) 916 Penna

FILED APR 19 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 38 to April 15, 38

I last saw her alive on April 15, 38. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-12-38
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45971

F 45971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify War No Record

2. FULL NAME Steve Norakowski

(a) Residence: No. S. Broadway St. 1215 Lancaster Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc John Bouse

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME William Norakowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Yurkun

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Yurkun

(Address) 1926 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL St Stanislaus Cemetery Date April 19 38

19. UNDERTAKER William Coode

(Address) 1219 St Paul Street

20. FILED Thurlington Williams, M.D. Registrar

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Arteritis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45972

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. 25-3

CITY OF BALTIMORE: (No. 2417 Washington Blvd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Belle Adams

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2417 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William E. Adams

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah M. Gilley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sarah M. Adams
(Address) 2417 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/19/38 19

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED Huntington Williams, M.D.
APR 19 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 17, 1938

I last saw her alive on Apr. 16, 1938 Death is said to have occurred on the date stated above, at 430 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Pneumonia	4/14/38
Other contributory causes of importance:	

Was an operation performed? NV Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? NV

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NV If so, specify

(Signed) C P Roetting M. D.
(Address) 2623 Washington Blvd

INFORMATION SHOULD BE CAREFULLY SUPPLIED. And should be stated EXACTLY. Avoid using state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45973

HEALTH DEPARTMENT—CITY OF BALTIMORE

45973

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1104 Myrtle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 14 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30 yrs	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Cabin Branch Virginia

MOTHER

15. MAIDEN NAME Ellen Taylor

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Ellen Payne

(Address) 1104 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date April 21 '38

19. UNDERTAKER Mrs. George N. Holland

(Address) 1691 Gould Ville Ave

20. FILED APR 19 1938 H. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 17, 1938

I last saw h.e alive on April 17, 1938. Death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45974

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Utley

If U. S. Veteran specify WAR

(a) Residence: No. 729 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nicholas Utley

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Helen Pratt

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Father
(Address) 729 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 19 38

19. UNDERTAKER Mrs. George W. Howard
(Address) 1631 Druid Hill Ave

20. Filed ... 19 ... Registrar.

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/16/38, 19... to 4-16, 1938

I last saw her alive on 4/15, 1938 Death is said to have occurred on the date stated above, at 2 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Int. Acute Bacterial Endocarditis - Hypertension, Acute Nephritis, pulmonary tuberculosis	3/16
Other contributory causes of importance: Tuberculosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Jackson M. D.

(Address) 601 Washington Ave

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

F 15975 Linwood Baker F 15975

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital 10-2 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linwood Baker If U. S. Veteran specify WAR

(a) Residence: No. 806 W Centrel Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 8-11

7. AGE Years 26 Months 8 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spanner Painted

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Baker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Robinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bell Baker

(Address) 816 W Centrel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvery Date Apr-20 1938

19. UNDERTAKER Mrs R. G. Elliott & Sons

(Address) 1129 N. Carolina St

20. FILED APR 19 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I attended the deceased from [illegible] and that I last saw [illegible] alive on [illegible] and that death occurred, from the cause and on the date stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of Brain	April 15, 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, homicide? Homicide Date of injury April 15, 1938

Where did injury occur? Central & Monument Sts Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Was shot with 38

Nature of injury Gun Shot Wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 550 [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45976

45976 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hosp. St.) E. 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph R. Hooper

(a) Residence: No. 1115 N. Collington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Hooper

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Bertrand

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas Hooper

(Address) 1115 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date April 19 38

19. UNDERTAKER John G. Miller

(Address) 2324 Jefferson St

20. FILED APR 19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45977

CERTIFICATE OF DEATH

1. PLACE OF DEATH ~~Ward~~ 2600 Lyndhurst Ave. 6-29-D

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 61 yrs. ... mos. ... ds.

2. FULL NAME William Fredrick Herman

If U. S. Veteran specify WAR

(a) Residence: No. 438 N. Rose St

(Usual place of abode) St., ... Ward. ...

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Anna Herman

6. DATE OF BIRTH (month, day, year) Dec 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Herman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ludwig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Herman

(Address) 438 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date April 20-38

19. UNDERTAKER John L. Miller

(Address) 2334 Jefferson St.

20. FILED APR 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to April 18, 1938

I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility myocardial insufficiency	4-4-38
Other contributory causes of importance: arterio-sclerosis, hypertension	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. C. Dobstad M. D.

(Address) 47 N. Kenwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15978

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Sarah Weinstein

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	widowed

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Late Louis

6. DATE OF BIRTH (month, day, year): 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nathan Tucker
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jennie ?
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig. Pemberton
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rosedale Cemetery Date April 19 1938

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1124-26 W North ave

20. FILED APR 19 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-[illegible] 1937 to 4-18 1938

I last saw her alive on 4-18 1938 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Hemiplegia, left	
Mitral insufficiency	
Chronic Myocarditis	
Other contributory causes of importance:	
Chr Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Rosedale

Information should be carefully supplied. Use ditto marks. Be sure to answer every question. Do not state cause of death in terms of mode of dying, such as heart failure, asphyxia, anemia, etc., but state the disease causing death, or, in violent deaths, the nature of injury. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15979 F 15979

CERTIFICATE OF DEATH ✓ 94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 14 East 25th. St. (St.) 12-6 (Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. DuBreuil

If U. S. Veteran specify WAR

(a) Residence: No. 14 East 25th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie V. Kraft

6. DATE OF BIRTH (month, day, year) October 7, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME George A. DuBreuil

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Armande Felicite Puysi

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Miss Alice Jouveau DuBreuil 14 E. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 4/19/38

19. UNDERTAKER H. C. Meare & Son
(Address) 805 W. Calvert St.

20. FILED APR 19 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to Apr. 16, 1938.

I last saw him alive on Apr. 16, 1938. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-sclerosis	?
Cerebral Hemorrhage	2/29/36
Other contributory causes of importance:	
Coronary occlusion	4/15/38

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John S Rigby, M. D.

(Address) 12 E. 25th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15980 15980

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Louis Holly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 10 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. mary County Maryland

FATHER

13. NAME James Albert Holly

14. BIRTHPLACE (city or town) (State or country) St. mary County Maryland

MOTHER

15. MAIDEN NAME Mary E. Briscal

16. BIRTHPLACE (city or town) (State or country) St. mary County Maryland

17. INFORMANT Dr. Ellis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bystown Md. Date April 18 38

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman st

20. FILED ..... 19..... Registrar

APR 19 1938 Thos. Winston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 . 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11 . 1938 to April 18 . 1938

I last saw h[illegible] alive on April 17, 1938 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	April 6

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Lumbar puncture Was there an autopsy? NO

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Harry L. Lembl M. D.

(Address) Lyndenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 45981

34473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 45981

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Wing

If U. S. Veteran specify WAR .....

(a) Residence: No. 417 W. Cross St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-30-84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Bayer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/21 38

19. UNDERTAKER T. E. Kelson

(Address) 1823 Pennsylvania Ave

APR 19 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938 to Apr 18, 1938

I last saw her alive on Apr 18, 1938 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Kidney disease	?
Other contributory causes of importance: Terminal pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Palmer H. Gutcher, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Any space not applicable should be stated as such. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

45982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45982

CERTIFICATE OF DEATH

34-25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Vincent St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Jessup

If U. S. Veteran specify WAR

(a) Residence: No. 721 N. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Negro

5. ~~Single, Married, Widowed~~ or Divorced (write the word): Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1920

7. AGE: Years 18 years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Jessup

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Edith Crosby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Jessup
(Address) 721 Vincent

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 4/20/38

19. UNDERTAKER J. J. Nelson
(Address) 1202 Pennsylvania St

20. FILED APR 19 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to April 17 1938

I last saw him alive on April 17 1938. Death is said to have occurred on the date stated above, at 1:15 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal T.B. probably of 3 or 4 months duration according to history & evidence

Other contributory causes of importance:

Tuberculosis Arthritis & Pleurisy 6 mos

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. R. Boykin M. D.

(Address) 1512 Pennsylvania St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45983

CERTIFICATE OF DEATH

F 45983

v 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Harwood ave St., 27-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willis E. Kline

(a) Residence: No. 523 Harwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Aug 1 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk Canton Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sarah Kline

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Eliz. Kline

(Address) 523 Harwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem Date 4/19 1938

19. UNDERTAKER John A. Noonan

(Address) 3202 Pitcher St

Huntington Station, Md

20. [redacted] 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25 1938 to April 16 1938

I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 3 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1932
Other contributory causes of importance:	
Myocarditis	Mar. 25 38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl F. Benson M. D.

(Address) 5111 York Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45984

CERTIFICATE OF DEATH

91-a F 45984

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Schneider

If U. S. Veteran specify WAR none

(a) Residence: No. 223 N. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise A. Schneider

6. DATE OF BIRTH (month, day, year) Dec 18 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Le 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Bork Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. F. Schneider

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A. Worm

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Louise Schneider

(Address) 1932 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Lom Date Mar 21. 38

19. UNDERTAKER Philips Herring Sons

(Address) 2016 Orleans St

20. FILED APR 19 1938 Wm. Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938. to April 18. 1938

I last saw him alive on April 18. 1938 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	Sept 1937?

Other contributory causes of importance:

Anemia.

Insanity

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Stanley Bank M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45985 CERTIFICATE OF DEATH 108 **F 45985**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123-N. Amity St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Warner

(a) Residence: No. 123-N. Amity St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. construction
10. Date deceased last worked at this occupation (month and year) unemployed
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Easton md

FATHER

13. NAME not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Henrietta Warner
16. BIRTHPLACE (city or town) (State or country) Easton md

17. INFORMANT Bertha Merritt
(Address) 123 N. Amity

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 19th 1938

19. UNDERTAKER Elroy Nelson
(Address) Harford & Williams, Mgr.

APR 19 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.16.38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4.13.38. 19 to 4.16.38. 19

I last saw him alive on 4.15.38. 19 Death is said to have occurred on the date stated above, at 12.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia about	4.13.38
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Fair M. D.

(Address) 1400 N. Carrollton ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45986

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Carrollton Ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Missouri L. Williams If U. S. Veteran specify WAR

(a) Residence: No. 822 N Carrollton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Samuel Ames

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John H. Smith (Address) 561 Bloom St

18. BURIAL—CREMATION, OR REMOVAL Place Bell, Haven Va Date Apr 20 1938

19. UNDERTAKER Samuel H. Chase & Son (Address) 638 N. Gilmor St

20. FILED APR 19 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to Apr. 17, 1938

I last saw her alive on Apr 17, 1938 Death is said to have occurred on the date stated above, at 7 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency or myocarditis	7
Other contributory causes of importance:	1

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Keating, M. D.

(Address) 1230 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15987 15987 15987 × 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Sampson

If U. S. Veteran specify WAR

(a) Residence: No. Centerville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 30, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Sewell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Sampson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL APR 19 1938

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

20. FILED ..... 19 .....

Registrar.

APR 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938, to March 30, 1938

I last saw her alive on March 30, 1938. Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-30-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Quevedo, M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15988

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 33-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Chilcoat

If U. S. Veteran specify WAR

(a) Residence: No. 233 S. Bond St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 7, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 21 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Melvin Chilcoat

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Berenger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 19 1938, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED APR 19 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 8, 1938

I last saw her alive on March 8, 1938. Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-7-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Emil Querstret, M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15989 — F 15989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30853 IS 24a

Registered No. 15989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Brown

(a) Residence: No. 1422 Mulliken St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 7-9-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospitals Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date APR 19 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED APR 19 1938 Harriet Wilkerson Registrar

3952 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1938, to April 10, 1938.

I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	March 1938
Other contributory causes of importance:	about

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. de Lajtalle M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15990 ✓ F 15990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathew Frank Meyers

(a) Residence: No. 1413 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Hilda Meyers.

6. DATE OF BIRTH (month, day, year) August 8 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frank Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret E. Doetsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chris A. Meyers

(Address) 1413 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date April 20 1938

19. UNDERTAKER Henry Hoeck + Sons Inc.

(Address) 1301 E Eager St.

[illegible] Williams NJ

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D.

(Address) Coroner

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45991

CERTIFICATE OF DEATH

111-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3516 Reisterstown Rd. (St.) 15-12 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Salvatore Pizaro

(a) Residence: No. 3516 Reisterstown St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27/1913.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Rosario Pizaro

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Anna Esposito

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosario Pizaro Rel.
(Address) 3516 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 20 1938

19. UNDERTAKER Elz Funeral Home.
(Address) 1626 Fast St.

APR 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at about 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pulmonary Thrombosis.	
Other contributory causes of importance: Cardiac	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Hamilton Coroner M. D.

(Address) 1215 Hanover Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 45992

45992

9-9 46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 E Lafayette Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Clarke

If U. S. Veteran specify WAR

(a) Residence: No. 1238 E Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Clarke

6. DATE OF BIRTH (month, day, year) Sept. 5th, 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
72	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mamie Clarke (Daughter)

(Address) 1238 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 4/21/38 19

18. UNDERTAKER George J. Ruth Inc.

(Address) 1735 Harford Avenue

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938 to Apr 18, 1938

I last saw her alive on Feb 17, 1938 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	2
Other contributory causes of importance: Bronchial Pneumonia	2 wks
Asthenia	2 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation Phys

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? See If so, specify

(Signed) L. McCarthy, M. D.

(Address) 1114 Park Ave

V. S. WRITE PLAINLY with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15983 15983

CERTIFICATE OF DEATH

44-C

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Ave. Ward) 20-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam David Stemmsdorff — U. S. Veteran specify WAR

(a) Residence: No. 2027 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lavinia (Tabler)

6. DATE OF BIRTH (month, day, year) 2/6/1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	2	13	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trailer body

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John J. Stemmsdorff

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Ida B. ?

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs. Lavinia Stemmsdorff
(Address) 2027 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 4/21/38

19. UNDERTAKER George J. Puth Inc
(Address) 1735 Harlem Ave

20. FILED APR 19 1938 Williamsport, Md.

GPL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/38

22. I HEREBY CERTIFY, That I attended deceased from 4/12/38 to 4/18/38.

I last saw h... alive on 4/18/ . 19 38. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal tumor ?	
Possible Rocky Mt. Spotted fever	4-12-38

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr (?) Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lawrence J Shumaker M. D.
(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any wilful misstatement or omission of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45994

CERTIFICATE OF DEATH

F 45994

1. PLACE OF DEATH 4301 Roland Ave. Registered No. 92-E

CITY OF BALTIMORE: (No. 4301 Kirkleigh Villa St., 27 Ward) 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE KAUFFELT MURRAY

If U. S. Veteran specify WAR

(a) Residence: No. 4301 Kirkleigh Villa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Murray

6. DATE OF BIRTH (month, day, year) Apr. 5, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James B. Kauffelt

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Catherine D. Schultz

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT M. Mercedes Murray

(Address) 1309 W. 42nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Apr. 20, 1938

19. UNDERTAKER Chas. J. Evans' Son Inc

(Address) 915 N. Mt. Royal Ave

20. FILED 1938 Huntington Williams, M.D.

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 19[illegible], 1937, to APRIL 17th, 1938

I last saw h[illegible] alive on APRIL 17th, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO-SCLEROSIS	
Other contributory causes of importance: CHRONIC MYOCARDITIS	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Murray, M. D.

(Address) 3801 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15995

HEALTH DEPARTMENT—CITY OF BALTIMORE

15995

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward) 22-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

U. S. Veteran (specify WAR)

2. FULL NAME Geneva Lorraine Costolo Evans

(a) Residence: No. 608 S. Hanover Street. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 8th 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME John Costolo

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Icie M. McPherson

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Icie M. Costolo
(Address) Grafton, W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Grafton, W. Va. Date April 19th 38

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

APR 19 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Dura Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4-17-38 19

Where did injury occur? 607 Hanover St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck on jaw with Fist

Nature of injury and Injured Head

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) ... Coroner

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45996 CERTIFICATE OF DEATH 24 F 45996

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7 Ward) 12

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Frank

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 Benningham Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1939

6. DATE OF BIRTH (month, day, year) 11-18-38

7. AGE Years	Months 5	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. A Frank Jr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Lord

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas A Frank Jr
(Address) 407 Benning Lane Rd

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Forest 4/20 38

19. UNDERTAKER Geo. C. Hayley
(Address) Thelow & Lafferty

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-38 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15-38, 19 ..., to 4-18-38, 19 ...

I last saw h.. alive on 4-18-38, 19 ... Death is said to have occurred on the date stated above, at 6 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	4-8-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard H Pembroke M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 45997 — CERTIFICATE OF DEATH — 115-B — F 45997

1. PLACE OF DEATH — CITY--38443 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Betty Fitzgerald

(a) Residence: No. 1305 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 21, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
14	14	15	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edwin Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth McHale

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Catholic Cem Date 4/20 38

19. UNDERTAKER George A Fuller Funeral Parlors
(Address) Frederick Md

20. [illegible] Williamsport Md

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1938 to 4-18 1938

I last saw her alive on 4-17 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alveolar abscess with metastasis	Unknown
Septicemia (?)	Few days

Other contributory causes of importance:

Was an operation performed? yes Date of 4-16-38

For what disease or injury? Abscess right thigh

Name of operation Incision & drainage

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH INKING, INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 45998 ✓ F 45998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-2 Ward)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Sexton

(a) Residence: No. 1111 E. Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 33	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto City Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 19 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED APR 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained at said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolfe, M. D.

(Address) 1331 E. North Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1938

F 15999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15999

CERTIFICATE OF DEATH

133

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Caroline St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 417 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Lewis

6. DATE OF BIRTH (month, day, year) 5/4/1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Cole

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Lettie B. Johnson

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs. Lettie Jones

(Address) 417 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Apr. 20 1938

19. UNDERTAKER E. Guy O'Wilson

(Address) 1000 E. Baltimore

20. FILED APR 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/21 1938 to 4/19 1938

I last saw her alive on 4/16 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral hydronephrosis	
Diffuse inflammation of internal genital organs	
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address) 1500 E. Madison St

F 46000

F 46000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-2107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 S. Fremont Ave. 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph C Sparrow

(a) Residence: No. 807 S. Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 10-1936

7. AGE: Years 1 2 Months 0 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boston Mass

FATHER

13. NAME: James Sparrow

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary D Parks

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Mary Sparrow 807 S Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date April 20 1938

19. UNDERTAKER (Address): Joseph A Lively 409 N Mount Street

20. FILED: Huntington Wilkerson Registrar.

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Acute Bronchopneumonia	April 11 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Keller M. D.

(Address) 850 Park Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RIGHT RESERVED TO CORRECT ERRORS

E 46001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46001

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George William Wolf

If U. S. Veteran specify WAR

(a) Residence: No. 3610 Wilkens ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Lola R. Wolf (nee Wilson)

6. DATE OF BIRTH (month, day, year) Aug 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Wolf

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Reinhimer

16. BIRTHPLACE (city or town) (State or country) Pa.

Daughter

17. INFORMANT (Address) 3610 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 4/20/38 19

19. UNDERTAKER Harry A Kuitzke (Address) 4101 Edmondson ave

20. FILED 19 Registrar.

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 17, 1938

I last saw her alive on April 17, 1938. Death is said to have occurred on the date stated above, at 9.08 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 4-1-38

Arteriosclerotic Degenerative Cardiovascular Disease. — 8-9-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence J Shimanek M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46002

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 W. Lexington St St. 19-2 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Hahn

(a) Residence: No. 1602 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March ? 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lawrence Hahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George M. Hahn
(Address) 1602 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 20 1938

19. UNDERTAKER Henry H Wyche
(Address) 401 Lyndhurst Ave

APR 19 1938 Registrar.

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Apr 18

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Math J Warner Coroner, M. D.

(Address) 1822 W. Baltimore St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46003

HEALTH DEPARTMENT—CITY OF BALTIMORE

46003

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 7-4 Ward)

Length of residence in city or town where death occurred 27 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Marshall - Marsalek If U. S. Veteran specify WAR

(a) Residence: No. 902 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd

6. DATE OF BIRTH (month, day, year) Dec. 2, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Marsalek

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Agnes Marie

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 20 37

19. UNDERTAKER Frank Brach & Son
(Address) 1906 Eastern Ave

20. FILED ..... Huntington Williams, M.D.

APR 19 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 25. 1938 to April 17. 1938

I last saw h.[illegible] alive on April 17. 1938 Death is said to have occurred on the date stated above, at 7:0 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Sept. 1937
Other contributory causes of importance: Tuberculosis of larynx	Feb. 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46004

F 46004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

Registered No. 7408

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 12 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Florence Kelly

If U. S. Veteran specify WAR.

(a) Residence: No. Belair - Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William Kelly

6. DATE OF BIRTH (month, day, year) April 4, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

FATHER

13. NAME John Flowers

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

MOTHER

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT William Kelly

(Address) Belair, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date April 38

19. UNDERTAKER Dean & Sons

(Address) Belair Md

APR 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day (and place) above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Wheeler M. D.

Coroner

(Address) Conn

V. S. R.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A LEGAL DOCUMENT. ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Troyer

46005 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46005

CERTIFICATE OF DEATH XV 146-149a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frances Eleanor Troyer

(a) Residence: No. White Hall, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Jacob Troyer

6. DATE OF BIRTH (month, day, year) Aug 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitehall, Balto Co, Md

FATHER

13. NAME Joseph Dailey

14. BIRTHPLACE (city or town) (State or country) Whitehall Balto Co, Md

MOTHER

15. MAIDEN NAME Ella Rouse

16. BIRTHPLACE (city or town) (State or country) Parkton Balto Co, Md

17. INFORMANT (Address) Jacob N Troyer Whitehall, Balto Co, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Whitehall Date Apr. 22 1938

19. UNDERTAKER (Address) Wm. C. Brooks & Son Bradley, Md

Huntington Williams, M.D.

20. FILED APR 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to April 19, 1938

I last saw h alive on April 19, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis complicated by Pregnancy	1931
Post-Partum Eclampsia	4-15-38
Asystolic Shock	4-16-38

Other contributory causes of importance:

Was an operation performed? Yes Date of April 14 38

For what disease or injury? Intramural Pedunculated

Name of operation Caesarean Section

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. K. Mansfield M. D.

(Address) Md Gen Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Winroth

F 46006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46006

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Memorial St. Hosp-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Gustaf Emil Winroth — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1808 North Calvert St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Kathryn D. Winroth

6. DATE OF BIRTH (month, day, year) April 11th 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Credit Co

10. Date deceased last worked at this occupation (month and year) 7/4/38

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Kathryn D. Winroth
(Address) 1808 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 21st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 Huntington Williams M.H.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-38 19

22. I HEREBY CERTIFY, That I attended deceased from 4-18-38 19 to 4-19-38 19

I last saw him alive on 4-19-38 Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral polycystic Kidneys	
Uremia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vida Baker

F 46007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46007

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Lindell Court 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where died: 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vida Baker

(a) Residence: No. 730 Lindell Ct St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ray Richardson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Gertrude Cannon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ray Richardson

(Address) 730 Lindell Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/20 1938

19. UNDERTAKER Walter D. Bright

(Address) 134 N. Arondale St.

20. FILED Huntington Wilhelm, M.D. Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-1938

I HEREBY CERTIFY, That I attended deceased from 4-16-1938 to 4-18-1938

I last saw h alive on 4-18-1938 2P. Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	4/16/38
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 730 St. Paul St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16008

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward) St. Joseph's Hospital 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wingle

(a) Residence: No. 913 Leadenhall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B.	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manning S. C.

FATHER

13. NAME Richard Wingle

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Emma Felder

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Lucinda Wingle. (Address) 913 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 4/20/38.

19. UNDERTAKER Wallis D. Snyder (Address) 138 W. Hamburg St.

20. FILED . 19 Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1938 to 4-17-1938

I last saw him alive on 4-17-1938 Death is said to have occurred on the date stated above, at 11:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Left Lower Lobe	4-1-38
Emphysema	4-6-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

Huntington Williams, M.D.

NOTE—WRITE LEGIBLY with ink. All items must be supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 46009 Baum F 46009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp 16-1 Ward) Registered No. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Aaron Baum If U. S. Veteran specify WAR

(a) Residence: No. 1105 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	~~27~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Moses Baum

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Rosalie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT David Baum
(Address) 1105 Laurens st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cmtry Date April 20 1938

19. UNDERTAKER Sol Levinson Bros
(Address) 1124 - 26 W. North ave

20. FILED 19 Registrar.

Hamilton Williams, M.D.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/18/38 19 to 4/19 1938
I last saw h/M alive on 4/19 1938 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyotrophic lateral sclerosis	6 months

Other contributory causes of importance:
General debility.

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton Levy M. D.
(Address) W 3rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46010

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W. Ostend St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John M. Blankenship

(a) Residence: No. 123 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate W. Blankenship

6. DATE OF BIRTH (month, day, year) Sept. 20. 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Calvert Bldg.& Construction Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Sidney L. Blankenship

(Address) 123 W. Ostend St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Springhill Cem. Easton, Md. Date Apr. 22, 1938

via Auto

19. UNDERTAKER H. Howard Strong

(Address) 715 Light St.

APR 20 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to 4/18, 1938

I last saw him alive on 4/18 1938 6.30 Death is said to have occurred on the date stated above, at 8. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	Dec 27 1937
Other contributory causes of importance: Intestinal hemorrhage	4/17/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Muller M. D.

(Address) 122 E. Chase St.

INFORMATION should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46011

HEALTH DEPARTMENT—CITY OF BALTIMORE

46011

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5320 Liberty Heights Ave) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Espey

If U. S. Veteran specify WAR

(a) Residence: No. 5320 Liberty Heights St. Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm T Espey

6. DATE OF BIRTH (month, day, year) April 9th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Last 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Caleb W Fisher

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Frank R Espey

(Address) 5320 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cemetery April 20 1938

19. UNDERTAKER Charles P Towell

(Address) 2027 Edmondson Ave

20. FILED APR 20 1938 [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 3:20 Pm 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to April 18 1938

I last saw him alive on April 18 1938 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Several years
Myocardial degeneration (chronic). Myocardial insufficiency with congestive failure.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C W Michell M. D.

(Address) 290 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46012

CERTIFICATE OF DEATH

F 46012

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Montpelier St. 9-5 Ward)

Registered No. 92-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucilla B. Robdell

If U. S. Veteran specify WAR

(a) Residence: No. Troy New York St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Robdell

6. DATE OF BIRTH (month, day, year) Jan. 23 1857

7. AGE: Years 81 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min. 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa. Porte Pa.

FATHER

13. NAME Chapman Baldwin
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Lucy Nichols
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT James R. Robdell
(Address) 614 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL Ithaca N.Y. Date Apr. 20 1938

19. UNDERTAKER C. Richard Hunting
(Address) 426 Eight St. Huntington Pa.

Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apl 18, 1938 to Apl 18, 1938

I last saw h[illegible] alive on Apl 18, 1938 Death is said to have occurred on the date stated above at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	day
	hour
	day
	hour

Other contributory causes of importance:
Cardiac asthma.

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr J. Stuckle M. D.

(Address) 632 Franklin

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46013

F 46013 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-n

27-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Midvale Road St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie V. Reid

If U. S. Veteran specify WAR .....

(a) Residence: No. 5 Midvale Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward W. Reid

6. DATE OF BIRTH (month, day, year) 1/30/62

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John Henry White

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Sarah Gail

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Ethel Reid Weston

(Address) 5 Midvale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Date 4/20/38

19. UNDERTAKER John J. Mitchell Inc.

(Address) 1900 Eutaw Place

20. FILED APR 20 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to April 18 1938

I last saw her alive on April 1 1938 Death is said to have occurred on the date stated above, at 1030 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
Other contributory causes of importance: Cardiac decompensation	March 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas M. Settle M. D.

(Address) 1433 Mt. Royal Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46014 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46014

CERTIFICATE OF DEATH

V.16-F

1. PLACE OF DEATH West Baltimore Gen. Hospital

CITY OF BALTIMORE: (No. Raynor & Dukeland St. 15 Ward) 2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME JAMES W. MAUCK

If U. S. Veteran specify WAR .....

(a) Residence: No. 1804 N. MONROE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie J Mauck

6. DATE OF BIRTH (month, day, year) JAN 22 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME E. C. Mauck

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Beecher

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) West Baltimore General Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date APR 22 1938

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

APR 20 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to April 19, 1938

I last saw him alive on April 19, 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head & Cancerosa	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-15-38

For what disease or injury? Ca. of pancreas

Name of operation Cholecystotomy

What test confirmed diagnosis? Op. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
.....If so, specify.....

(Signed) Melvin Levy, M. D.

(Address) WBAL

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

46015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46015

CERTIFICATE OF DEATH

V 125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital W. 18 - V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Henson

If U. S. Veteran specify WAR

(a) Residence: No. 1033 N. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. music teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year) 4 1 38

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Charlestown Md

FATHER

13. NAME William Henson

14. BIRTHPLACE (city or town) (State or country) Charlestown Md

MOTHER

15. MAIDEN NAME Susan Wallace

16. BIRTHPLACE (city or town) (State or country) Pondtown Md

17. INFORMANT Elsie Randolph

(Address) 1008 Lombard St. Wilmington, Del

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4-22 1938

19. UNDERTAKER Sam'l. W. Chase & Son

(Address) 638 N. Gilmor

20. FILED 19 Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4, 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4, 14, 1938 to 4, 18, 1938

I last saw him alive on 4, 16, 1938 Death is said to have occurred on the date stated above, at 5 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute toxic necrosis of the liver (acute yellow atrophy)	4, 9, 38

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) James D. Carr M. D.

(Address) 502 Mosher St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46016

CERTIFICATE OF DEATH

1131 F 46016

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S Ellwood ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernhardt Peterson

If U. S. Veteran specify WAR

(a) Residence: No. 816 S. Ellwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cassie Peterson

6. DATE OF BIRTH (month, day, year): June 7 1860

7. AGE: Years 77 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ship Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Old Bay Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Bernhardt Peterson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Anna Peterson (Address) 816 S Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL: Place Rustic Lawn. Date 4/21 1938

19. UNDERTAKER: J. J. Moran (Address) 3600 E. Baltimore

APR 20 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1938 to Apr. 17 1938

I last saw him alive on Apr. 17 1938 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Hypertrophy of Prostate
Uremia

over

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Toohey M. D.

(Address) 441 S. Ellwood Ave

Information asked for on this certificate is necessary to enable the Department properly to classify and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46017

CERTIFICATE OF DEATH

93 F 46017

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2521 Fleet St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie T. Arthur

If U. S. Veteran specify WAR

(a) Residence: No. 2521 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Arthur

6. DATE OF BIRTH (month, day, year) June 15 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Thomas Gardner

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs G. Meyers

(Address) 2521 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 21, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St

20. FILED APR 20 1938 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 17, 1938

I last saw her alive on April 15, 1938 Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	1925+
Myocarditis	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Foley M. D.

(Address) 4316 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46018 CERTIFICATE OF DEATH "Homeland" 93 F 46018

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 212 Goodale Rd. St. 27-12 Ward

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha S. Pfeifer

(a) Residence: No. 212 Goodale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Pfeifer

6. DATE OF BIRTH (month, day, year) Jan 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Evansville Indiana

FATHER

13. NAME Peter Schmucke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank A Gantret

(Address) 212 Goodale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Indianapolis Indiana Date April 20 1938

19. UNDERTAKER Henry W Hopkins Sons

(Address) McCurdy & Richardson Huntington West Virginia

20. FILED APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1938 to April 19th 1938

I last saw h alive on April 14th 1938 Death is said to have occurred on the date stated above, at 2.08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Myocardial Sclerosis	
Acute Dilatation of Heart	April 19 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carey B Gamble M. D.

(Address) 840 N. Charles St

Balto Md

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16019

CERTIFICATE OF DEATH

F 16019

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth 35 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Fanya Stern

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearsel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Faib

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Feinblatt

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Rd. Date 4-20-38

19. UNDERTAKER Jack Levin

(Address) 1439 E. Baltimore St.

20. FILED APR 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 4-20, 1938

I last saw h[illegible] alive on 4-17, 1938 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Cardiac Hypertrophy	

Other contributory causes of importance

Chr. Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M.D.

(Address) Lonsdale

Information should be carefully supplied. Any answer may be properly classified. Exact statement CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

F 46020

46020 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Foster Ave. St. 76-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Ropka

(a) Residence: No. 3417 Foster Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Sept. 25/1842

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
95	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Unkonown

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unkonown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Micheal J. Ropka. (son)
(Address) 3417 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart. Date Apr. 21 38

19. UNDERTAKER Lilly & Zisloviz
(Address) 403 S. Pole St.

20. Filed APR 20 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to April 18 1938

I last saw h... alive on April 8 1938. Death is said to have occurred on the date stated above, at 9/30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 Yr
Pneumonia Lobar	1 wk

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Specify)

(Signed) Edward J. Lentz M. D.

(Address) 2530 E. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

46021

F 46021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Jefferson St., 7-2 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Kozyckel (Ruth) If U. S. Veteran specify WAR

(a) Residence: No. 2610 Jefferson St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE Maryanna Ruth Kozycki

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Kozycki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Gnke.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Maryanna Ruth Wife

(Address) 2610 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 21 1938

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave

20. FILED ... 19 ... Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to April 18, 1938

that I last saw h. alive on April 1938. Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach

Data of onset

Other contributory causes of importance:

Was an operation performed? yes Date of Nov 22: 37

For what disease or injury? Carcinoma

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Freedom M. D.

(Address) 117 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-eF 46022

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3 S R Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred many years ds. How long in U. S. If of foreign birth? ? yrs. ... mos. ... ds.

2. FULL NAME Reba Polsky

If U. S. Veteran specify WAR

(a) Residence: No. 1305 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abe Polsky

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michial Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Finkelstein

(Address) 1321 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4/19/38

19. UNDERTAKER Jack Louis Inc

(Address) 1432 E. Balto St

20. FILED APR 20 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1938, to 4-19, 1938

I last saw h.e alive on 4-19, 1938. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (probably)	?
Congestive Heart Failure	one

Other contributory causes of importance:

Cachexia

Dehydration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joshua Seidel, M. D.

(Address) Sinai Hospital

Information should be strictly supplied. And should it appear that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46023

CERTIFICATE OF DEATH

107 F 46023

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Springdale St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Harry Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 4310 Springdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sela Hoffman

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Hoffman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sela Hoffman (Address) 4310 Springdale

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Mem Pk Date 4-20-38

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E Balto St

20. FILED APR 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-38

22. I HEREBY CERTIFY, That I attended deceased from apl 15 1938 to apl 19 1938

I last saw him alive on apl 19 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	apl 28
Other contributory causes of importance: Acute Cardiac Dilatation	24 hrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stanley C. Blake M. D.

(Address) Med. Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

A. A. for Williams

F 46024 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46024

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2307 Tioga Parkway (Ward) 5-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 72 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Lipnick Sr.

(a) Residence: No. 2307 Tioga Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Lipnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Thomas Lipnick

(Address) 2307 Tioga Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 4-20-38

19. UNDERTAKER Jack Levey

(Address) 439 E Baltimore St

20. FILED APR 20 1938

Harrington Wilkerson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March-31-, 1938, to April-19-, 1938

I last saw him alive on April-19-1938, 12-30 p.m. Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	about 1934

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel, M. D.

(Address) 2704 Eutaw Pl

Information should be carefully supplied. Any blanks should be filled in with state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

E 46025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46025

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home & Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14th Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ethel Charlotte Pomeroy

If U. S. Veteran specify WAR

(a) Residence: No. 1429 Mt. Royal Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome L. Pomeroy

6. DATE OF BIRTH (month, day, year) November 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence R. I.

FATHER

13. NAME Henry H. Hirons

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Charlotte Humphries

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Margaret E. Pomeroy

(Address) 1429 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 22, 1935

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

20. FILED ..... 19..... Registrar.

R 2 1336

Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/13/35, 19..... to 4/19/35, 19.....

I last saw her alive on 4/19/35, 19. Death is said to have occurred on the date stated above, at 11:25 P.m.

The prinrpal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/12/35
Other contributory causes of importance: Hypertensive Arteriosclerotic Heart Dis	4 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wesley J. Fetz M. D.

(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46026

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital St., 16 Ward 6

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Margaret E. Bell

(a) Residence: No. 2307 Kipps ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John W. Bell

6. DATE OF BIRTH (month, day, year): June 22, 1851

7. AGE: Years 86 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

FATHER

13. NAME: John M. Spriner

14. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

MOTHER

15. MAIDEN NAME: Rebecca J. Stephens

16. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

17. INFORMANT: Mrs. E. E. Bell

(Address) 2307 Kipps ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date April 21 1938

19. UNDERTAKER: Wm. P. Tschudi & Sons

(Address) 1400 Pa. ave.

Filed APR 20 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 17, 1938

Where did injury occur? 10 Lamb's Lane, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home, Fell Down Stairs.

Manner of injury Slipped & fell down stairs.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hans Gross, M. D. Coroner

(Address) 1215 Hanover St.

V S 6

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46027

46027

CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 White Ave. St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Ellen Herold

If U. S. Veteran specify WAR

(a) Residence: No. 3113 White Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Melvin Herold

6. DATE OF BIRTH (month, day, year) August 22, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Louis Langelutig

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Katie D. Caver

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Louis Langeluttig
(Address) 3113 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date April 21, 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Aves.

Huntington Williams, Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1938 to Apr. 19, 1938

I last saw her alive on Apr. 19, 1938 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tracheo-bronchitis	Apr. 13
Acute septic pharyngitis and Vincent's infection	Apr. 17
Laryngeal edema & asphyxia	" 19

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. Langeluttig M. D.

(Address) 104 W. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46028

M. D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46028

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital 20-1
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., Ward)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Miss Mary Agnes Walsh

(a) Residence: No. 511 North Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James J. Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Mooney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/21 1938

19. UNDERTAKER Harry H. Mears and Son
(Address) 805 N. Eutaw St.

Registrar

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7 1938 to April 18 1938
I last saw her alive on April 18 1938 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Terminal Bronchopneumonia	4-15-38
Hypertensive Cardiovascular disease.	
Other contributory causes of importance:	
Fracture of left hip.	11-25-37

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 11/25 1937
Where did injury occur? (Specify city or town, county, and State) 511 North Monroe St.
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell out of bed
Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence J. Shumaker M. D.
(Address) St Agnes Hospital

Information should be typewritten or legibly printed. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16029 ✓ E 16029

16029

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital 6 Street)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis J. Watts Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 Ashburton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15 - 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. R. R. Post

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis A. Watts

14. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER

15. MAIDEN NAME Edna E. Andrews

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Francis A. Watts

(Address) 1009 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Apr. 22 1938

19. UNDERTAKER George L. Clephane

(Address) 2101 Goodrich Ave.

20. FILED ..... 19..... ..... Registrar.

R 20 1938

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/22/38 to 4/19, 1938

I last saw him alive on 4/19, 1938 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9 Mo.

Other contributory causes of importance:

Pulmonary hemorrhage
General Debility

Was an operation performed? Yes Date of 3/1/38

For what disease or injury? Retroareal gland from neck

Name of operation Biopsy of gland

What test confirmed diagnosis? Exam. of tissue Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Levin M. D.

(Address) W 5 7 N

INSTRUCTIONS: Information called for on both sides of this form must be obtained as far as possible. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

46030 F 46030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. East ave. ST. 61 WARD)

2-FULL NAME Julia K. Schultz

(a) RESIDENCE NO. 128 N. East ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Schultz

6 DATE OF BIRTH (month, day, and year): June 2, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Housewife

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Gregory Orlancia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Katrina Pawlak

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John T. Schultz

(Address): 128 N. East ave.

15 Filed 20 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1938

17

I HEREBY CERTIFY, That I attended deceased from January 7, 1938, to April 18, 1938,

that I last saw h alive on April 17, 1938,

and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs & symptoms

(Signed) Allen C. Burham, M. D.

4-19, 1938 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: 4/21 1938

20 UNDERTAKER: Stephen J. Fialkowski INC.

ADDRESS: 1000 SHENWOOD AV

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

16031 16031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-f-107-037

Registered No. 36545

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George W. Taylor

(a) Residence: No. 909 Parrish St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/3/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Smith Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4-21 1938

19. UNDERTAKER Samuel W. Chase & Son

(Address) 638 N. Gilmor

Huntington Williams, Registrar.

APR 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from February 3. 1938. to April 18. 1938.

I last saw him alive on April 18 1938. Death is said to have occurred on the date stated above, at 12 31 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-16-38
Arteriosclerosis	Unknown

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

16032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16032

CERTIFICATE OF DEATH

13

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 745 Dolphin St. (Ward) 17-3

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rachel A. Tucker.

(a) Residence: No. 745 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. DATE OF BIRTH (month, day, year): Dec 19 1876.
7. AGE: Years 62; Months 4; Days 19; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Washing Laundry
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Walnut Sta Md

FATHER
13. NAME: Ed. Lewis.
14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER
15. MAIDEN NAME: Mary Jane Butler
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Eliza E. Foster 745 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/14 1938

19. UNDERTAKER (Address): Saml. W. Thorne & Son 638 N. Gilmor

20. FILED Apr 20 1938 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1938 to April 13 1938
I last saw her alive on April 9 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis with Hypertension	2/28.
(b)	
(c)	
(d)	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury (?)

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. T. Dunn M.D.

(Address) 502 N. Arlington Ave

State whether DEATH was from disease, or violence, and whether from accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 37685-23 T 376033 T 376033

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., 107-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Stallings

If U. S. Veteran specify WAR

(a) Residence: No. 217 W. 6th St. St., ... Ward. Laurel-Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/5/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME John Stallings

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Catherine Hitchens

16. BIRTHPLACE (city or town) (State or country) Del -

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Del. Date 4-22-38

19. UNDERTAKER Wendell E. Humphreys
(Address) 15-01 N. Broadway

Filed 1938 Registrar.

20 1938

Veh Motor = Clarence Granville Windsor (Escort)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-7, 1937, to April 20, 1938

I last saw her alive on April 20, 1938 Death is said to have occurred on the date stated above, at 9:32 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/17/38
	0022

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Harriet G. Guild, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46034

CERTIFICATE OF DEATH

23 F 46034

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Stafford St. St., 20-6 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Johnson

(a) Residence: No. 3026 Stafford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Aggie E. Johnson

6. DATE OF BIRTH (month, day, year) Nov. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Urias Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Aggie E. Johnson

(Address) 3026 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sorrel Hayfield Cem Date Apr. 21 1938

19. UNDERTAKER Easton Sons & Edmondson

(Address)

APR 20 1938

20. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	Apr. 18
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. J. Hanna Coroner M. D.

(Address) 1822 E. Baltimore St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

Mary Clark

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46035 — CERTIFICATE OF DEATH — 131 — F 46035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Mad Ave St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Clark — If U. S. Veteran specify WAR .....

(a) Residence: No. 2223 Mad Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Clark

6. DATE OF BIRTH (month, day, year) 7-7-859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Black

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Clark
(Address) 2223 Mad Ave

18. BURIAL, CREMATION, OR REMOVAL G
Place Greenmount Cem Date April 21 1938

19. UNDERTAKER V. G. Brooks
(Address) 1437 Carey St

APR 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/38

22. I HEREBY CERTIFY, That I attended deceased from 4/5/38, 19..., to 4/18/38, 19...

I last saw deceased alive on 4/16/38, 19... Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Cystic Tubules of Renal Origin	2 W.	3 M.

Other contributory causes of importance: Senile Debilitation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to the occupation of deceased?

No If so, specify .....

(Signed) H. Lee Williams, M. D.

(Address) 5 E Mad Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. If OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

F 46036

HEALTH DEPARTMENT—CITY OF BALTIMORE

46036

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Convent of Good Shepherd

CITY OF BALTIMORE: (No. 158 Mount St., 19-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 11 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary of the Immaculate Heart (Mary McLaughlin)

(a) Residence: No. 158 Mount St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Convent~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Locust City, ~~Baltimore~~, Md.
(State or country)

FATHER

13. NAME David McLaughlin

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Maria Ann Rocher

16. BIRTHPLACE (city or town) ____
(State or country)

17. INFORMANT Sister of Good Shepherd
(Address) 158 Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/20/38 19

19. UNDERTAKER J. J. Tobin & Sons
(Address) 328 Light St.

20 1938 Filed Huntington Millington, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25th, 1938, to April 20th, 1938.

I last saw her alive on April 14th, 1938. Death is said to have occurred on the date stated above, at 6 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Crippling	April 18
Cutting Edema	1 year ago
Hypertension	1 year ago

Other contributory causes of importance:
Senility

Name of operation None Date of ____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jos. Chatard, M. D.

(Address) 5 West Chase St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

16037 334335 F 16037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 26-10 St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Virginia Wedder

If U. S. Veteran specify WAR .....

(a) Residence: No. 3322 Noble St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/30/34

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Wedder

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellie Mae Allen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date April 22 1938

19. UNDERTAKER Geo. Bozzuto & Sons
(Address) 1402 Bonaparte Ave

20. FILED APR 20 1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 20, 1938.

I last saw her alive on April 20, 1938. Death is said to have occurred on the date stated above, at 12.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis cheek & roof of mouth	4/10/38
Retromaxillitis maxilla (?)	4/15/38
Multiple lung abscesses, suppurative	4/13/38
Staphylococcus aeliosemia (?)	4/13/38
Other contributory causes of importance:	
Abscessed tooth	4/5/38
Sinusitis, Bilateral chronic	4/13/38

Was an operation performed? Yes Date of 4/19/38

For what disease or injury? Abscess cheek

Name of operation Incision & drainage

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) D. F. Proctor M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

6038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 L 46038

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 East 21st St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Francis Connor

If U. S. Veteran specify WAR

(a) Residence: No. 517 East 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Genevieve Waight

6. DATE OF BIRTH (month, day, year) Nov 28 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Upholstery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mathew Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Anna Collins

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT Mrs. John F. Connor
(Address) 517 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/21/1938

19. UNDERTAKER Mary M. Hufford
(Address) 504 E. 22nd St.

20. FILED APR 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1937 to April 16, 1938

I last saw her alive on April 16, 1938. Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tendon Sheath Sarcoma with Metastases	1 mo.
Other contributory causes of importance:	
Secondary Anemia	2 mo
Malnutrition	2 mo

Was an operation performed? Yes Date of 1438

For what disease or injury? Cause of death

Name of operation Removal of Growth

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip D. Flynn M. D.

(Address) 423 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 46039

Spec.—8-16-29—L. F. S.—100 Blks.

46039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Payson ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence A. Barnhart

(a) RESIDENCE NO. 236 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Charles Barnhart.

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Breathedsville Wash. Co. Md.

PARENTS

10 NAME OF FATHER Wm H. McNamee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Funkstown Wash Co. Md.

12 MAIDEN NAME OF MOTHER Annie Cross

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Bunkerhill West Virginia

14 Informant Wm McNamee

(Address) 236 N. Payson St. Baltimore Md.

15 Filed APR 21 1938 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21. 38

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 19 38, to Apr 21, 19 38, that I last saw her alive on Apr 20, 19 38, and that death occurred, on the date stated above, at 3 15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2nd attack

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. H. Spencer Mc M. D.

4/21, 19 38 (Address) 2339 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boonsboro Md.

DATE OF BURIAL Apr 23, 1938

20 UNDERTAKER Wm. D. Bast & Son

ADDRESS Boonsboro Md.

* IF DEATH is in plain terms, so that it may be properly classified. IMPORTANT. See instructions on back of certificate.

46040

HEALTH DEPARTMENT—CITY OF BALTIMORE

46040

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N Milton Ave St. 8-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis Watson

If U. S. Veteran specify WAR

(a) Residence: No., 326 N Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Watson

6. DATE OF BIRTH (month, day, year) Mar 9-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Ma

FATHER

13. NAME Lewis Asper

14. BIRTHPLACE (city or town) (State or country) Cape Ma

MOTHER

15. MAIDEN NAME Isaacs

16. BIRTHPLACE (city or town) (State or country) Cape Ma

17. INFORMANT Lewis B Watson
(Address) 326 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date 4-22-38

19. UNDERTAKER H W Miller Inc
(Address) 2455 E Monument St

20. FILED ..... 19 .....

APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 19 - 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938 to April 19, 1938

I last saw her alive on April 19, 1938 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage & Right Hemiplegia.	3/3/38
Other contributory causes of importance:	
Aortic Regurgitation	1914
Pyelitis	1925.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles Singewald M. D.

(Address) 1613 E North Ave

MAKE CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

46041 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46041

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 26-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Rutherford If U. S. Veteran specify WAR

(a) Residence: No. 601 S. Newkirk St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Samuel Rutherford

6. DATE OF BIRTH (month, day, year) Aug 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Joseph Boswell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Delia Dyke

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Samuel Rutherford
(Address) 601 S Newkirk

18. BURIAL, CREMATION, OR REMOVAL
Place Roneeverte W Va. April 22 1938

19. UNDERTAKER John Ellicott
(Address) 200 E Lanvale

20. FILED Huntington Williamson, W Va.
APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 20, 1938.

I last saw h alive on April 20, 1938. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	4-17-38
Chronic Nephritis	"
Pyelitis	"

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Ureteral Stone - Pyelitis

Name of operation Cystoscopy, Left Pyelography, Left Ureteral Catheterization

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16042

CERTIFICATE OF DEATH

16042

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 E. Federal St. St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN FREDERT DOLL

(a) Residence: No. 2515 E. Federal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Doll

6. DATE OF BIRTH (month, day, year) March 2, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year) Apr. 1918

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph C. Doll

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Louisa Lepper

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Emma Doll

(Address) 2515 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date April 21, 1938

19. UNDERTAKER John Wellner & Son

(Address) 822 E. Lanvale

20. FILED April 21, 1938 Ira Williams Registrar.

APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 18, 1938

I last saw h[illegible] alive on April 18, 1938 Death is said to have occurred on the date stated above, at 7:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 11 1938
Bronchial asthma	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Shipman M. D.

(Address) 1212 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46043

CERTIFICATE OF DEATH

1958

F 46043

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Northern Parkway St. 27-5 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Greiser

(a) Residence: No. 3811 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) Aug. 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Peter Greiser

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Anna Frei

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Chas. Huiss,
(Address) 3811 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 23rd, 38

19. UNDERTAKER Federal Funeral Service
(Address) 7401 Belair Road

20. FILED APR 21 1938 Huntington Wilson Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to April 20, 1938

I last saw him alive on April 19, 1938 Death is said to have occurred on the date stated above, at 6*45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia	
Cardio Vascular disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bastarg Prof M. D.

(Address) 6801 Belair Rd

F 46044

46044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Pine St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Mack

If U. S. Veteran specify WAR

(a) Residence: No. 512 Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Mack.

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster S.C.

FATHER

13. NAME Henry Mack,

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Rosa Patterson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Rosa Wright

(Address) 512 Pine St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 4/21 19

19. UNDERTAKER William A. Jackson

(Address) 916 Pennsylvania

Filed 19

Registrar.

APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 5-40 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
1. Probably Cerebral Hemorrhage,	
2.	
3.	
4.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Ramsey Larmore Coroner M. D.

(Address) 12-16 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V 56

46045 John F Hill F 46045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Monument St., 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

II U.S Veteran specify WAR _____

2. FULL NAME John F. Hill

(a) Residence: No. 1806 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Tommey Hill

6. DATE OF BIRTH (month, day, year) Dec 6. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. ___ min.
	71.	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R, C.M.S.P.&P.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 6026

12. BIRTHPLACE (city or town) (State or country) Somers Co. W. Va.

FATHER

13. NAME John F. Hill

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Mrs Ellen Tommey Hill

(Address) 1806 E. Monument

18. BURIAL, CREMATION, OR REMOVAL Moreland Memorial Cemetery April 22 1938

19. UNDERTAKER Elmer W. Conklin Son

(Address) 924 E Eager St.

FILED 19 Huntington W. Va. Apr 21 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to April 19 1938

I last saw h in alive on April 19 1938 Death is said to have occurred on the date stated above, at 6 a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	months
Contributory causes of importance: Chronic Diffuse Nephritis	" "

Was an operation performed? ___ Date of ___

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank J Boyd M. D.

(Address) 2005 E. Monument St.

F 46046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 46046

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 n Central Ave 5-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H Purnell

(a) Residence: No. 504 n Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Purnell

6. DATE OF BIRTH (month, day, year) Dec 15-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs James Domar (Address) 1523 E Monument St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date 4/22 1938

19. UNDERTAKER Joseph B. Locke, Jr. (Address) 1312 Jefferson St. Williams & Co

Filed APR 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to April 18 1938

I last saw h alive on April 18 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	February 25 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Patapsco St

STATE CAUSE OF DEATH in plain terms. Name of disease alone is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46047

CERTIFICATE OF DEATH

F 46047

Registered No. 72-a

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St. 43-W'd)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estelle B. Storm

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown, Md

FATHER

13. NAME Edwin F. Storm

14. BIRTHPLACE (city or town) (State or country) Reisterstown, Md

MOTHER

15. MAIDEN NAME Sarah K. Keagey

16. BIRTHPLACE (city or town) (State or country) Columbia Pa.

17. INFORMANT Home for Incurable records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Date Apr 24, 38

19. UNDERTAKER J. F. Ebaugh & Sons
(Address) Reisterstown Md

20. FILED APR 21 1938, 19..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ Aug 23, 1937, to April 21, 1938.
I last saw h~~er~~ alive on April 20, 1938. Death is said to have occurred on the date stated above, at 2.52 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leucemia, lymphoid, Chronic	?
Other contributory causes of importance: Adenitis, mediastinal	1937
Myocardial insufficiency	4-20-38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Conrad Aitoro M. D.

(Address) Home for Incurables

OCCUPATION is very important. See instructions on back of certificate.

F 46048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46048

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Carolina St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eron Small

(a) Residence: No. 227 S. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irene Small

6. DATE OF BIRTH (month, day, year) Aug. 2, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jamestown S.C

FATHER

13. NAME Moses Small

14. BIRTHPLACE (city or town) (State or country) S.C

MOTHER

15. MAIDEN NAME Anna Small

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mrs Irene Small

(Address) 227 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 21, 1938

19. UNDERTAKER Otho Wells Brantley

(Address) 1600 E. Baltimore St

20. FILED APR 21 1938 ..... Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/10 1937 to 4/20 1938

I last saw him alive on 4/15 1938 Death is said to have occurred on the date stated above, at 5:20 m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6.37
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) ..... M. D.

(Address) 1500 E. Madison St

STATE CAUSE OF DEATH in plain terms. Do not state mode of dying. OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46049 — CERTIFICATE OF DEATH — 93-C — F 46049

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Louisa Jackson

(a) Residence: No. 2110 Oak St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sumpter S.C.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hattie Carter

(Address) 2110 Oak St

18. BURIAL, CREMATION, OR REMOVAL Sumpter, S.C. Date Apr 21 1938

19. UNDERTAKER Adolphus Halstead & Brand Hillcoat.

(Address) Huntington West Va.

20. APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Apoplexy	April 17 1938
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) George S. Allen M. D.

(Address) 50 Pleasant St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

38265 Alexander Batts

HEALTH DEPARTMENT—CITY OF BALTIMORE

16050 16050

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 19-E Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Batts

(a) Residence: No. 1439 N. Lexington St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Virginia

6. DATE OF BIRTH (month, day, year) 4/27/88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alex Batts

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bess Guyon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date April 22, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED APR 21 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to April 19, 1938

I last saw him alive on April 19, 1938. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/14/38
Bronchopneumonia	4/14/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Kleinfelter M. D.

(Address) J. H. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16051 — F 16051

CERTIFICATE OF DEATH

1. PLACE OF DEATH 605 W. Hoffman St — 17 — 2 — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Ardella T. Gibson
(a) Residence: No. 605 W Hoffman St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school-girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME William Gibson
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Goldie Morgan
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Goldie Morgan Weston 605 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 23, 38

19. UNDERTAKER (Address) Mrs. Katie R Williams 322 S Schroeder St
Huntington Williams, Jr. Registrar

APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937 to April 18, 1938
I last saw h.. alive on April 17, 1938. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	1937

Was an operation performed? No Date of .....
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Alfred Rae Lewis M. D.
(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

E 46052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46052

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp for the Women of Md. St., 11-4 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Allie Marsh Copeland

If U.S. Veteran specify WAR

(a) Residence: No. 1329 Bolton St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos L Copeland

6. DATE OF BIRTH (month, day, year) Sept 1-1863

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8?

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

MOTHER

13. NAME Leonard Marsh

FATHER

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Elizabeth Elder

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT (Address) Hal M Copeland 4414 Wentworth Rd

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hill Cem Date April 23 38

19. UNDERTAKER (Address) Bertram D Lee 2324 N Charles St. Huntington Williams, M.D.

APR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 21, 1938

I last saw her alive on April 21, 1938 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 1938

Other contributory causes of importance:

Arteriosclerosis & hypertension

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Leeles M. D.

(Address) Howard Co.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 46053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46053

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Patterson Pk. Ave WARD) 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane F. Sullivan

(a) RESIDENCE NO. 928 N. Patterson Pk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 9-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	67	-7	-10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Dewitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Troy. N. Y.

14 Informant Mr James McGrath

(Address) 928 N. Patterson Pk. Ave

APR 21 1938

Huntington Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18-38

17 I HEREBY CERTIFY, That I attended deceased from April 7 19 38 to April 18 19 38

that I last saw h alive on April 8 1938

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs mos dys

CONTRIBUTORY (Secondary) Cardiac Stenosis & Cataract (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) N. C. Hough M. D.

4/20 19 38 (Address) 1514 W North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery DATE OF BURIAL April 22 19 38

20 UNDERTAKER Witton & Schilling ADDRESS 1122 E. Monument Street

important. See instructions on back of certificates.

F 46054

46054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-E Ward)

Length of residence in city or town where death occurred 3 yrs mos da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hochschild Kohn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 067

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Thomas E. Cantrille

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Radcliffe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rev. Leonard B. Smith
(Address) 3612 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Apr. 22 1938

19. UNDERTAKER Chas Mitchell Sons
(Address) 1500 Eutaw Place

20. FILED Apr 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to April 20, 1938. I last saw h alive on April 19, 1938. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M.D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46055 46055

CERTIFICATE OF DEATH

X 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Aquilla T. Shipley

(a) Residence: No. Randalstown Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Shipley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 8-16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Hand

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas W. Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tracy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. A. Bowers

(Address) 2086 St Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 21, 38

Chas E. Bosley & Son

19. UNDERTAKER (Address) Baltimore Md

APR 21 1938 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury April 18, 1938, 19

Where did injury occur? Liberty Rd. Harrisonville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Struck By Auto.

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Crouse, M. D.
Coroner

(Address) 2737 Liberty Rd

State cause of death in plain terms. DESCRIPTIVE TERMS OF OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 46056 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46056

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. 144B-149a

CITY OF BALTIMORE: (No. ..... St., 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lillian Rose Nixon If U. S. Veteran specify WAR

(a) Residence: No. 200 Willow Ave. Towson Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Edward Nixon

6. DATE OF BIRTH (month, day, year) 4/2/11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Merrick Lesnik

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Lillian — ?

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Harry Edward Nixon
(Address) 200 Willow Ave. Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Philadelphia Pa. Apr 24 1938

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Huntington Williams, R.T. Registrar.
4/25/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1938 to 4/21 1938

I last saw her alive on 4/21 1938 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	4/21/38
Cardiac failure	

Other contributory causes of importance:

Premature separation of placenta

Was an operation performed? Yes Date of 4/21/38

For what disease or injury? Premature separation of placenta.

Name of operation Caesarean Section

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Levin M. D.

(Address) WBGH

OCCUPATION is very important. See instructions on back of certificate.

46057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46057

Registered No. 107-6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 24-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Carl Tolson — If U. S. Veteran specify WAR

(a) Residence: No. 1228 Durst St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James E Tolson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Edna Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) James E Tolson 1228 Durst Street

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date April 22 38

19. UNDERTAKER (Address) William Cook 1217 St Paul Street

20. FILED ... 19... Registrar.

Apr 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1938 to 4/21 1938

I last saw him alive on 4/21 1938 Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard H Pembroke M. D.
(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

46058 46058

CERTIFICATE OF DEATH

92-a Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E. Preston St. 10-1 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Rose If U. S. Veteran specify WAR No Record

(a) Residence: No. 1103 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of (or) WIFE of Samuel F. Rose

6. DATE OF BIRTH (month, day, year) June 17th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Yrs 1938
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Solomon Seward
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Baker
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret V. Johnson
(Address) 1103 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date April 22nd 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED APR 21 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18 1938 to Apr 20th 1938

I last saw h[illegible] alive on Apr 16 1938 Death is said to have occurred on the date stated above, at 6½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis Senility	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? Dyes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1114 W. Fayette

OCCUPATION is very important. See instructions on back of certificate.

46059

HEALTH DEPARTMENT—CITY OF BALTIMORE 46059

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Clemens (32291) If U. S. Veteran specify WAR No Record

(a) Residence: No. 305 S. Conkling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Agnes C. Clemens

6. DATE OF BIRTH (month, day, year) March 24, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	XX	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Clemens

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Rohleder

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 22 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Washington Williams Registrar
Apr 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 38 to April 19, 38

I last saw him alive on April 19, 38 Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Apr. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

46060 E 46060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. Lorraine Ave. St. 12-7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma I. Davis

(a) Residence: No. 209 W. Lorraine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edwin R. Davis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Herbert W. Schaefer
(Address) 105 Thicket Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Apr. 21/38.

19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson Ave.

20. FILED Apr 21 1938 Huntington Williams, Registrar.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1938, to April 9th, 1938.

I last saw her alive on April 2nd, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	April 2
Other contributory causes of importance: Chronic Endocarditis	[illegible]

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. Conrad Bayer, M. D.

(Address) 1900 Maryland Ave.

E 46061

HEALTH DEPARTMENT—CITY OF BALTIMORE

46061

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Catherine R Robinson

(a) Residence: No. 630 Wildwood, Parkway, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Robinson

6. DATE OF BIRTH (month, day, year) Dec Mar 5 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ralph Robinson (Address) 630 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date April 22/38

19. UNDERTAKER Harry H. Wiske (Address) 2101 Edmondson Ave.

20. FILED Huntington Williams, Registrar. 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938 to April 20, 1938

I last saw her alive on April 20, 1938 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus & Metastasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) C D Marsh M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

✓ F 46062

F 46062 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolph T. Knockel

(a) Residence: No. 419 Second Ave. Lansdowne Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Knochel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie M. Engel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Knochel
(Address) 419 Second Avs Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date April 22, 1938

19. UNDERTAKER Henry H Wilde
(Address) 711 Edmondson ave

Huntington Williams, Reg.

FILED
APR 21 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam, Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M. J. Warner M. D. Coroner

(Address) 1822 W. Baltimore St.

✓ F 46063

46063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 3'245--hw

3-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Jolly or James Jolley

(a) Residence: No. Jolly Eaton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lottie Mason

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 21 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

21 1938 Huntington Williams Registrar

3959 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1938 to 4-12-1938

I last saw him alive on 4-11-1938 Death is said to have occurred on the date stated above, at 1:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (?)	unknown
Empyema, right chest	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/3/38 3/31/38

For what disease or injury? Empyema

Name of operation Thoracostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp

46064 E 46064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32514 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-2 98 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Hensong

If U. S. Veteran specify WAR

(a) Residence: No. 1117 E. Monument St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 21 1938 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Huntington Williams, M.D. Registrar.

APR 21 1938

5360 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1938 to 4-18, 1938

I last saw h. alive on 4-18, 1938. Death is said to have occurred on the date stated above, at 9P a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Foot	Unknown
Uremia (?)	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46065

CERTIFICATE OF DEATH

+ 54-P

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. East New Market, Md Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lucy

6. DATE OF BIRTH (month, day, year): 5-9-86

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Filling Station Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Owner

10. Date deceased last worked at this occupation (month and year): 10 36

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Thomas Smith

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Clara Short

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL: East New Market

Place: April 23, 1938 Date: .....

19. UNDERTAKER: F. B. Willoughby

(Address) Hurlock Md

21 1938

19 ..... Registrar

St. Luke's Methodist, Hp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1938 to Apr 21, 1938

I last saw him alive on Apr 21, 1938 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Benign	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-17-38

For what disease or injury? Brain Tumor

Name of operation: Cerebellar Approach Tumor, right side

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James Monroe Mason III, M. D.

(Address) Johns Hopkins Hospital Baltimore, Md

6066 HEALTH DEPARTMENT—CITY OF BALTIMORE 6066

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1421 William St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Heelmann
If U. S. Veteran specify WAR

(a) Residence: No. 1421 William St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bridget C. Norris

6. DATE OF BIRTH (month, day, year) 5/12/1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B & O Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME John F. Heelmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Eliz. Schultz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. F. Heelmann
(Address) 1421 William St.

18. BURIAL, CREMATION, OR REMOVAL St. Augustine, Elkridge, Md. Date 4/22/38

19. UNDERTAKER John J. Faherty
(Address) 131 S. Eight St.

20. FILED ... 19 ... Registrar
21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938 to April 19, 1938
I last saw him alive on April 19, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Other contributory causes of importance:	
Hemiplegia	3 hrs

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) C. J. Wheeler, M. D.
(Address) 127 S. Williams St.

OCCUPATION IS VERY important.

16067 HEALTH DEPARTMENT—CITY OF BALTIMORE 16067

CERTIFICATE OF DEATH

Registered No. 51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Ballard

(a) Residence: No. Same Inw. W. Va St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-26-57

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Ballard

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriett Connelly

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Morton W. Va Date 4/22/ 1938

19. UNDERTAKER F. C. Hyndman Jr. (Address) Elkins City, Md.

20. FILED 19 ..... Registrar.

4-21-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4-38, 1938, to 4-21, 1938

I last saw him alive on 4-21, 1938. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Bladder — Date of onset 1935?

Uremia — Date of onset over

Other contributory causes of importance:

Was an operation performed? Yes Date of April 20, 1938

For what disease or injury? Block Neck of Urethra.

Name of operation Supra pubic cystotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Edward I Bauer M. D.

(Address) John Hopkins Hospital.

Besser

F 46068

46068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 953

1. PLACE OF DEATH 5917. Highgate Rd. 19-3
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Annie V. Bolden.
(a) Residence: No. 1409. Mc Henry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Female	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of late Robert P. Bolden

6. DATE OF BIRTH (month, day, year) Dec-1865-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72.	3		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

FATHER
13. NAME Anton Hebler.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Mary Carl.
16. BIRTHPLACE (city or town) (State or country) Md-

17. INFORMANT (Address) Mrs May Raley 5917. Highgate Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date April 22 1938

19. UNDERTAKER (Address) Harry M Wirth & Son 4101 - Edmondson Ave

19. ..... 19..... Registrar

APR 22 1938 ..... Health Department, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20. to April 19. 1938
I last saw her alive on April 19. 1938 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied and Enlarged Heart.	
Other contributory causes of importance: High Blood Pressure Cerebral Hemorrhage	

Was an operation performed? no. Date of .....
For what disease or injury? .....
Name of operation none.
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. E. Costello M. D.
(Address) 1325 E. 31st. St. Balto. Md

F 46069

16069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-2 √93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Glover St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles Rose

(a) Residence: No. 18 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or wife of~~) Hannah Rose

6. DATE OF BIRTH (month, day, year) April 9-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2962

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Heskew

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hannah Rose

(Address) 18 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Apl 6 38 19

19. UNDERTAKER Williams Booth

(Address) 1217 St Paul Street

FILED 19 Williams Booth

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

46070

F 46070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Linnard St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Anne Headley

(a) Residence: No. 621 Linnard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Headley.

6. DATE OF BIRTH (month, day, year) Sept 29 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Guggells Point, Richmond Co. Va.

FATHER

13. NAME William Allison

14. BIRTHPLACE (city or town) (State or country) Bridgeport, Conn.

MOTHER

15. MAIDEN NAME Margaret A. Jones.

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

17. INFORMANT Anna Headley Callahan

(Address) 621 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL Cem. Va

Place Farnham Baptist Date April 24 38

19. UNDERTAKER Albert W Gregory

(Address) 440 E North Ave

20. FILED 19 Registrar

2-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20 1938 to April 21 1938

I last saw her alive on April 21 1938 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4/16/38

Other contributory causes of importance:

Arteriosclerosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify

(Signed) Geo. E. Wells. M. D.

(Address) 4100 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 46071

F 46071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-7 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Orie Rice

If U. S. Veteran specify WAR

(a) Residence: No. 2933 Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of David L. Rice

6. DATE OF BIRTH (month, day, year) March 12 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Frederick County Md

FATHER

13. NAME George H. Foyt

14. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

MOTHER

15. MAIDEN NAME Litritia Shook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT G. albert Rice Jr

(Address) 1201 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date April 22 38

19. UNDERTAKER Albert M Gregory

(Address) 440 E North Ave

20. FILED ..... 19 ..... Registrar.

4-22-1938 Funeral to Mikesell's M.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19....

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.

(Address)

46072 HEALTH DEPARTMENT—CITY OF BALTIMORE 46072

CERTIFICATE OF DEATH 8-4 √107-a

Registered No. CGK-- 32202

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Amelia McAllister

(a) Residence: No. 1200 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William M.

6. DATE OF BIRTH (month, day, year) 2/2/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	14 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County, Md.

FATHER

13. NAME John Holman

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Minnie Greenwald

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 4/23/38 19
Place Harmonville Md

19. UNDERTAKER George E. Pfeltz Son
(Address) 2345 Harford Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 21, 1938

I last saw her alive on April 21, 1938. Death is said to have occurred on the date stated above, at 8:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-18-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

1936

16073 Ernest Rohrman F 46073

HEALTH DEPARTMENT—CITY OF BALTIMORE

Rohrman

CERTIFICATE OF DEATH

9-9 210 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No.

2. FULL NAME Ernest Rohrman

(a) Residence: No. 1500-Blk. Aisquith St. Apt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth (Perkes)

6. DATE OF BIRTH (month, day, year) 1/20/1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	29	XXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6014

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Reinfelder

(Address) 1533-N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 4/22/38 19

19. UNDERTAKER George J. Ruthline.

(Address) 1735-Hanford Ave.

APR 22 1938

Registrar.

U S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide April 19, 1938 . 19

Where did injury occur? Belair Road 1mi. N. of Kingsvill Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking in Road, Struck by Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) [illegible] Coroner . M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

16074 E 16074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516-Aisquith Street St., 9-9 Ward)

Length of residence in city or town where death occurred 1 yrs. life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Ann Kendall

If U. S. Veteran specify WAR no

(a) Residence: No. 1516-Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) 7/30/1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
71	8	2 0 81	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Lee Kendall

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

MOTHER

15. MAIDEN NAME Alice McCourt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary Moran
(Address) 1516-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Green Cem. Date 4/23/38 19..

19. UNDERTAKER George J. Doll & Son, Inc.
(Address) 1516-18 Aisquith St.

20. FILED ..... 19.. ..... Registrar.

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 38, to April 20 19 38

I last saw h alive on April 20 19 38 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema & right Heart failure	Day
Myocardial degeneration	?
Chronic nephritis	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Burton L. Enfield M. D.

(Address) 714 E. Preston St.

(Dr. S. L. ENFIELD)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46075 F 46075

CERTIFICATE OF DEATH 45D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W Barnard St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Richard Thomas Hazle

(a) Residence: No. 606 W Barnard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hazle

6. DATE OF BIRTH (month, day, year) Feb 14 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Buck Hazle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mollie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ida Hazle

(Address) 606 W Barnard St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date April 22 38

19. UNDERTAKER Edw Bryan

(Address) 1241 Orleans St

20. Filed APR 22 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1938

22. I HEREBY CERTIFY, That I last saw the deceased on (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 16 1938
Other contributory causes of importance: Arteriosclerosis of Long	about 1934

Was an operation performed? yes If so, date of Nov 10-1937

For what disease or injury? Resect Stomach & Jejunum

Name of operation Resection of Jejunum Date April 16 38

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D. Coroner

(Address) 520 Paca St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46076

CERTIFICATE OF DEATH

F 46076

Registered No. X 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Lee Thorpe

(a) Residence: No. Rennert Hotel St., Ward. Easton Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	35	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winery 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Alfred Lee Thorpe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Goldsborough

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Geo. Stevens

(Address) Easton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cem. Easton, Md. Date Apr 23 1938

19. UNDERTAKER James A. Spence

(Address) Easton Md.

20. [illegible] 19 Registrar

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	4-21-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-21- 1938

Where did injury occur? Rennert Hotel, Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell 3 Floors.

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 6 6

E 46077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Eula Joann Mills

If U. S. Veteran specify WAR

(a) Residence: No. 1802 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 27-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Mills

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Blanche Harris

16. BIRTHPLACE (city or town) (State or country) Littleton N C

17. INFORMANT Mrs Blanche Mills

(Address) 1802 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date 4-29 1938

19. UNDERTAKER Mrs R G Elliott-Daughter

(Address) 1123 N Carolina Ave

20. FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence ... (Inquest, Autopsy or Inquiry)

... (Inquest, Autopsy or Inquiry) ... that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 19/38
Convulsions	April 19 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George L Adler M. D.

(Address) 50 Bosworth St

OCCUPATION is very important. See instructions on back of certificate.

B 22 1938

Fleming

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16078

16023445 343445

CERTIFICATE OF DEATH

Registered No. X 957

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 22 mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Elizabeth Fleming

If U. S. Veteran specify WAR

(a) Residence: No. 4000 Cathedral ave St., Ward. Wash d.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. L. Fleming

6. DATE OF BIRTH (month, day, year) 8-25-97

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	40	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Alfred Walker

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eva Kiddy

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dutton, W. Va. Date April 22, 1938

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Aves

20. FILED Huntington Williams, MD

APR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to April 21, 1938

I last saw h.. alive on April 21, 1938. Death is said to have occurred on the date stated above, at 7.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	about 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Palmer H. Futcher, M. D.

(Address) Johns Hopkins Hosp.

16079 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16079

CERTIFICATE OF DEATH

14-3 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Rawlings

If U. S. Veteran specify WAR

(a) Residence: No. 1907 Pennsylvania Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fannie Rawlings

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaking

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Susan Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jerome Rawlings

(Address) 525 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md Date Apr 22 1938

19. UNDERTAKER Thomas E Kelson

(Address) 130 Preston St

20. FILED Apr 7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4, 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4, 10, 1938 to 4, 19, 1938

I last saw him alive on 4, 19, 1938. Death is said to have occurred on the date stated above, at 7 23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	Nov. 37

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46080

CERTIFICATE OF DEATH

31578 (MS)

F 46080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2-34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rupert Barrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 116 N. Pine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/2/1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Winfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Evans

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place State Ridge Cem. Date 4/23/1938

19. UNDERTAKER John J. Cowan & Son,
(Address) 901 Hollins St.

20. FILED 4.22.1938 [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to April 20, 1938.

I last saw him alive on April 20, 1938. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hasbrouck Kelly M.D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

46081

CERTIFICATE OF DEATH

121 F 46081

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Daisy L. Ricks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1014 E. 20th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert L. Ricks

6. DATE OF BIRTH (month, day, year) July 20, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. E. Waldron

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Forest

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Marion Fourtsch

(Address) St Paul Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Apr. 25 1938

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St.

APR 22 1938 [illegible] Registrar.

8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1938 to 4/21, 1938

I last saw her alive on 4/21, 1938 Death is said to have occurred on the date stated above, at 7:45 p m.

The principal cause of death and related causes of importance were as follows:

Ruptured Appendicitis & Peritonitis — Date of onset .....

Other contributory causes of importance .....

Was an operation performed? yes Date of 4/16/38

For what disease or injury? above

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Dearmon Jr. M. D.

(Address) 3rd. Genl Hosp.

V0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46082 937 F 46082

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3013 FAIT AVE. St. 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME CATHERINE DOWNEY

If U. S. Veteran specify WAR .....

(a) Residence: No. 3013 FAIT AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of PATRICK DOWN EY

6. DATE OF BIRTH (month, day, year) FEB. 12/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME MATTHEW FLYN

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME MARY CONROY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT JOSEPH DOWNEY (SON)
(Address) 3013 FAIT Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date APR. 23 1938

19. UNDERTAKER Lilly & Zeiler
(Address) 402 S. WOLFE ST.

PB 22 1938 Walter Filiante, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-9 1937 to Apr 20 1938

I last saw her alive on Apr 20 1938. Death is said to have occurred on the date stated above, at 4/15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Terminal Pneumonia	4 1635
Myocardial failure	
Other contributory causes of importance	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Schumacher, M. D.

(Address) 842 S. Ellwood Ave.

16083 F 16083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 3963

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. ? mos. ? da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Robert Lofton

(a) Residence: No. 504 S. Greene St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ? 49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Emma
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records (patient)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 19

UNIVERSITY MEDICAL SCHOOL APR 22 1938
Commissioner of Health
Per M. A. Moore

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

22 1938

3963 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 17, 1935
I last saw him alive on April 17, 1935 Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lung	1937 ?
Other contributory causes of importance:	
Tbc pyelosis	April 1935

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.
(Address) Baltimore City Hospitals.

16084 F 16084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 4-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Mathews

If U. S. Veteran specify WAR .....

(a) Residence: No. Centerville, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Charles Mathews

6. DATE OF BIRTH (month, day, year) Sept. 10, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (city or town) (State or country) Centerville Maryland

FATHER

13. NAME Robert Conyer

14. BIRTHPLACE (city or town) (State or country) Centerville Md.

MOTHER

15. MAIDEN NAME Harriet Williams

16. BIRTHPLACE (city or town) (State or country) Centerville Md.

17. INFORMANT Helen J. Conyer sister
(Address) Centerville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Centerville, Md Date April 22, 1938

19. UNDERTAKER Barton Bros
(Address) Centerville, Md

20. FILED April 23, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/11/38, 1938, to 4/16, 1938

I last saw her alive on 4/16, 38, 1938. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	?
	one

Other contributory causes of importance:
Bilateral hydrothorax
Pleural, pericardial & peritoneal effusion

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. T. Kosansky, M. D.

(Address) Mercy Hospital

16085 E 16085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27485 (16)95-D

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alois Riehel Riebl

(a) Residence: No. 103 S. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hildegard

6. DATE OF BIRTH (month, day, year) 6-21-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date Apr. 25 38

19. UNDERTAKER Martin F. E. Dupper
(Address) 37 S. Eden St.

20. FILED ... Registrar.

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1937 to April 21, 1938.

I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

16086

CERTIFICATE OF DEATH

133 F 16086

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Payson St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Margaret Krabbe

(a) Residence: No. 502 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry A. Krabbe

6. DATE OF BIRTH (month, day, year): July 25, 1881

7. AGE: Years 56 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Edward Murray

14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER

15. MAIDEN NAME: Sarah Steinmetz

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Henry A. Krabbe 502 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cem. Date 4/22 19 38

19. UNDERTAKER (Address): Margaret G. Flynn 1424 Light St

20. FILED APR 22 1938 ... Registrar.

va 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12 1938 to April 20 1938

I last saw her alive on April 20 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	1 wk ago
Other contributory causes of importance:	
Fatty cystic Kidney (Chronic)	2 yrs

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. C. Calas M. D.

(Address) 47 Fulton

46087 E 46087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Watson St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Dansby

(a) Residence: No. 1013 Watson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Dansby

6. DATE OF BIRTH (month, day, year) June 5-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Dansby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Belle Johns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Bessie Dansby 1013 Watson St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date 4-23- 1938

19. UNDERTAKER Byron Thomas W. Wright Address 1710 Edgerly St Huntington Station, N.Y.

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry?) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry?) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Lobar pneumonia	April 18 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 509 Fauquier St

V 5 6

4749
16088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16088

CERTIFICATE OF DEATH

1108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Stout

If U. S. Veteran specify WAR .....

(a) Residence: No. 31 N. Carey St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Leona Stout

6. DATE OF BIRTH (month, day, year) 9/23/03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleyn Date April 25 38

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED Huntington Williams, M.D.

4-22-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 21 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1938 to 4-21, 1938

I last saw him alive on 4-21, 1938 Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, involving all Lobes	4-17-38
Bacteremia, Type I pneumococcus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. G. Lennox, Jr. M. D.

(Address) Johns Hopkins Hospital

16089 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16089

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 S. Ellwood ave St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 62 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Lynch

If U. S. Veteran specify WAR .....

(a) Residence: No. 826 S Ellwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Dennis Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Toohey

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Ella Lynch
(Address) 826 S Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 23, 1938

19. UNDERTAKER John A. Logan
(Address) 3006 E. Baltimore St

Filed APR 22 1938 Huntington Williams Reg.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. — 19 38 to Apr. 20, 19 38

I last saw her alive on Apr. 20 19 38. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify — —

(Signed) T. Joseph Toohey M. D.

(Address) 441 S. Ellwood Ave

46090 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46090

CERTIFICATE OF DEATH

131

Registered No. 96-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 E Fairmount Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Ida A. Leito

If U. S. Veteran specify WAR

(a) Residence: No. 3205 E. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Leito

6. DATE OF BIRTH (month, day, year) Nov 30 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Waugh

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Hoyle

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Abraham Leito

(Address) 3205 E Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date April 23, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore

20. FILED 19 Virginia Williams

APR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1938, to 4-20, 1938

I last saw her alive on 4-20, 1938 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
arteriosclerosis

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John J Gosnell M. D.

(Address) 14 N Eaton ave.

46091 F 46091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Mosher St. St. 14-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FLORENCE A STOCKETT

(a) Residence: No. 215 Mosher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph N. Stockett

6. DATE OF BIRTH (month, day, year) Aug. 12, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME JAMES M. ANDERSON

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cassandra Fulton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph N. Stockett
(Address) 215 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount, Date April 23, 1938

19. UNDERTAKER John Oursler Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar

22 1938 Washington H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to April 21, 1938

I last saw her alive on April 20, 1938. Death is said to have occurred on the date stated above, at 9. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver -	1937?
Other contributory causes of importance: Carcinoma Breast -	1936?

Was an operation performed? yes. Date of June 24, 1937

For what disease or injury? Carcinoma Breast -

Name of operation Amputation right breast -

What test confirmed diagnosis? Microscopic - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Lawrence M. D.

(Address) 1327 Park Ave.

46092 CUTSON E 46092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Marie Cutson If U. S. Veteran specify WAR

(a) Residence: No. 230 N. Calhoun St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John Cutson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Helen Goetz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT (Address) Hospital Records University Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 22 1938

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

22 1938 Harrington Williams, Registrar.

3966 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 22, 1938

I last saw her alive on April 22, 1938 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 4/15/38

Other contributory causes of importance:

Icterus neonatorum — 4/16/38

Diarrhea — 4/18/38

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinic Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

NO If so, specify

(Signed) Ernest L. Wagner M. D.

(Address) University Hospital

16093 E 16093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-1 Ward) CGK-- 25580

Length of residence in city or town where death occurred 1913 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Bartell

(a) Residence: No. 10 Market Place St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 8-28-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frederick Bartell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Krager

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Carroll Chapel Co. Date April 23 38
Place

19. UNDERTAKER Wm. Cook
(Address) 217 St. Paul Street

[illegible] 4-24-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to April 21, 1938.

I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-18-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

14

16094 F 46094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2613 Sloatfield Ave (Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W Sanders

If U. S. Veteran specify WAR .....

(a) Residence: No. 2613 Sloatfield St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace V.

6. DATE OF BIRTH (month, day, year) Jan 3 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME Edmund C Sanders

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Grace V Sanders

(Address) 2613 Sloatfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/23 1938

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED 4-22-1938 ..... Registrar.

V S 3

MEDICAL CERTIFICATE OF DEATH 62 Can

21. DATE OF DEATH (month, day, year) Apr 21. 1938

I HEREBY CERTIFY, That I attended deceased from April 21 1938 to Apr 21 1938

I last saw him alive on April 21 1938 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Arterio Sclerosis

Myocarditis

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Peter C Mitchell M. D.

(Address) 351 Wilkens Ave

16095 E 16095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3706 Eldorado ave (St.) 28-1 (Ward)

Length of residence in city or town where death occurred 3 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Schaffer

(a) Residence: No. 3706 Eldorado ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Theodore Schaffer

6. DATE OF BIRTH (month, day, year): Jan 1 1856

7. AGE: 82 Years | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Rowlston

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Scallard

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: William Schaffer

(Address) 3706 Eldorado ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 4/23/38

19. UNDERTAKER: Wm. H. Price & Son

(Address) 1217 E. Fayette St

4-22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 4 P.M.,

The principal cause of death and related causes of importance were as follows:

Probable Chronic myocarditis.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hann Carver M. D.
Coroner

(Address) 1361 Hanover

V S 6

46096 E 46096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth ? yrs. mos. da.

2. FULL NAME MRS. JOHN Mc NABB (KATE)

If U. S. Veteran specify WAR

(a) Residence: No. 2310 N. Charles St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas John McNabb

6. DATE OF BIRTH (month, day, year) Sept 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME John L Harmon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Ambrose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Corbin

(Address) 2226 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Date Cumberland Md 4-25-38

19. UNDERTAKER Wm J Gould & Co

(Address) 2108 St Paul St

20. FILED 4-21-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to April 21, 1938

I last saw her alive on April 21, 1938. Death is said to have occurred on the date stated above, at 8:42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Abdominal Malignancy	?
Carcinoma Stomach	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sussman, M. D.

(Address) 1000 Fidelity Building

46097 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46097

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH 1238 S Sharp St. Registered No.

CITY OF BALTIMORE: (No. 1238 St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Butler If U. S. Veteran specify WAR

(a) Residence: No. 1238 S Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Butler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Butler
(Address) 1238 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 4/22 1938

19. UNDERTAKER Walter F. Stigg
(Address) 139 W Hamburg St

20. FILED 4-23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1938 to 4/21 1938
I last saw alive on 4/21 1938 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 501 S Hanover St

46098 E 46098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert McKean Barry

(a) Residence: No. 3003 Abell Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced (or) WIFE of Late Julia Jane Barry

6. DATE OF BIRTH (month, day, year) Nov. 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Insurance Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Robert C. Barry

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Johanna McKean

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Hilda Barry

(Address) 3003 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 23 1938

19. UNDERTAKER Harry H Witzke

(Address) 4101 Edmondson Ave.

20. FILED 2 1938 [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence adduced by me and from Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	2-20-38
2	
3	
Other contributory causes of importance: 1 Arteriosclerosis	2½ years

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-20, 1938

Where did injury occur? Spring Grove Hospital Catonsville Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on head while arising

Nature of injury External blow to head

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1331 Eutaw Place

F 46099

46099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 N Calvert St. 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida C Beard

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2114 N Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Beard

6. DATE OF BIRTH (month, day, year) Sept 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton Md

FATHER

13. NAME John B George

14. BIRTHPLACE (City or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Sophia George

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virginia B Rue

(Address) 2114 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Jan 20 1938

19. UNDERTAKER Fellows Ford

(Address) 1217 E Fayette St

20. FILED Jan 21 1938 H. [illegible] Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1937 to Jan 22 1938

I last saw h[illegible] alive on April 21 1935. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic and Chronic Pancreatitis under Influenza	1930
Other contributory causes of importance:	
Acute Cardiac Dilatation	3 Yrs 35

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 2117 Maryland Ave

46100 ✓ F 46100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5320 Hamlin Ave. St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Ayre

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5320 Hamlin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Ayre

6. DATE OF BIRTH (month, day, year) July 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year) Express 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John H. Ayre
(Address) 5320 Hamlin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sudara Cemetery Date April 23-38

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED Apr. 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-18-38

Where did injury occur? York Rd 1 mile north of Hereford (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Fractured 7 & 8 rib on right side

Nature of injury While driving truck collided with another truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. R. Sellers M. D.

(Address) 2757 W. North Coroner

V 6 6

F 46101

46101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Madison ave 11-th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah S. Thomas

(a) Residence: No. 1229 Madison ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph Thomas

6. DATE OF BIRTH (month, day, year) Oct 13 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Carr.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Jenkins

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Joseph Thomas 1229 madison ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hope Cem Date 4/23 1938

19. UNDERTAKER (Address) Francis P. Hemsley 520 N Biddle St

20. FILED Apr 25 1938 Harrison Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28 1938 to April 20 1938 19...

I last saw h. alive on April 20 1938 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Spring 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Urinary Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, where?

(Signed) [illegible] M. D.

(Address) 1126 Druid Hill Ave

2 1938

0

14

16102 F 16102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Bouthchyard

If U. S. Veteran specify WAR .....

(a) Residence: No. 3700 Hickory Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Col. A. Boutchyard

6. DATE OF BIRTH (month, day, year) Jan 23 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edgar Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Susan Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs Sherrer
(Address) 3631 Elm Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 25 1938

19. UNDERTAKER R. S. Marshall
(Address) 3239 Falls Road

20. FILED ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31. 1938 to April 21 1938

I last saw h-e alive on April 7/1938. Death is said to have occurred on the date stated above, at 4:00 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Sigmoid & metastasis to liver & peritoneum & Sepsis	3 yrs
Other contributory causes of importance:	
Decubitus Ulcers	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph's Hospital

E 46103

HEALTH DEPARTMENT—CITY OF BALTIMORE

46103

CERTIFICATE OF DEATH

125-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Insf. St., 9-1 Ward)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Volz, Mr. John (JOHN NICHOLAS VOLZ) If U. S. Veteran specify WAR .....

(a) Residence: No. 600 Cator Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 23, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	20?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0!

10. Date deceased last worked at this occupation (month, day, year) 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME John, Volz

14. BIRTHPLACE (city or town) (State or country) unknown Bavaria

MOTHER

15. MAIDEN NAME Margaretta Feudel

16. BIRTHPLACE (city or town) (State or country) unknown Bavaria

17. INFORMANT Miss Mary Bachman (Address) 600 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Apr. 23. 1938

19. UNDERTAKER HENRY SANDER & SONS. INC. (Address) Baltimore & Broadway.

23 1938 Washington Williard, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1938 to Apr. 20 1938

I last saw him alive on Apr. 20 1938 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pylephlebitis, Hepatic.	?
Other contributory causes of importance: Carbuncle of Buttock	Feb 1938

Was an operation performed? yes Date of Feb 14, 1938

For what disease or injury? Excision of Carbuncle

Name of operation Excision of Carbuncle

What test confirmed diagnosis? Clin. Path. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Keltz M. D.

(Address) Church Home & Insf.

F 46104

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 46104

CERTIFICATE OF DEATH

107-a

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 701 N. Fremont St. 17 WARD 3)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Martha Hill Freeman

(Residence in Baltimore: No. 701 N. Fremont St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: (Month) (Day) , 1883 (Year)

7 AGE: 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at stone
(b) General nature of industry, business, or establishment in which employed (or employer): 1037

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: John N. Lee

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Pinder

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Sowell

(Address) 916 Edmondson ave

15 Huntington Williams, M.D.

REGISTRAR

1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 21 (Day), 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to April 21 1938 that I saw her alive on April 20, 1938. and that death occurred, on the date stated above, at 10, m. The CAUSE OF DEATH* was as follows:

Bron. Pneumonia

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Asthma

(Duration) yrs. mos. ds.

(Signed) C. H. Fowler M. D.

April 22 1938 (Address) 710 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Apr. 23 1938

20 UNDERTAKER: James A Staiger

ADDRESS 142 Mosher St

46105 ✓ F 46105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3041 Abell Ave St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 14 da. How long in U. S. If of foreign birth? 77 yrs. 7 mos. 14 da.

2. FULL NAME John Herman Manken
If U. S. Veteran specify WAR None

(a) Residence: No. 3041 Abell Ave St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora L. Manken

6. DATE OF BIRTH (month, day, year) Sept-8-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Manken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bastorn

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Miss Mary E. Kelly (Nurse)
(Address) Samuel Ready School

18. BURIAL, CREMATION, OR REMOVAL
Place Bals. Cemetery Date Apr 23/38 19

19. UNDERTAKER Edward J. Mozun Company
(Address) 102 E. 20th Street

20. FILED 19 Registrar

2.3.1938 Hearing for Williams, M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry)
I find that said deceased came to death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	4/21/38

Other contributory causes of importance

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Crane M. D.
Coroner
(Address)

✓ F 46106

16106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 East Lane St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 0 ds.

2. FULL NAME Lena Sommer

If U. S. Veteran specify WAR NONE

(a) Residence: No. 313 East Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest L Sommer

6. DATE OF BIRTH (month, day, year) May 26 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Gaston Graubünden Switzerland

FATHER

13. NAME Hans Metzel

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Elspith Fitz

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Karl C Sommer (son)
(Address) 313 East Lane

18. BURIAL, CREMATION, OR REMOVAL Forest Lawn Mem Pk
Place Hampton Md. Date Apr 24 1938

19. UNDERTAKER Stewart Mortuary Co.
(Address) 10 E Lanvale St.

20. FILED ..... 19 ..... Registrar.

Apr 26 1938 Washington Hollins, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3 1938 to April 22 1938

I last saw her alive on April 21 1938. Death is said to have occurred on the date stated above, at 9.60 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dyspnoea	4/3/38
Probably Cerebral Thrombosis or Arterial Spasm	11/4/37
Other contributory causes of importance: Senile Arteriosclerosis with Hypocardiac Changes	2 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Tebron Porter M. D.

(Address) 4822 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46107

CERTIFICATE OF DEATH

131 F 46107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4654 York Road St. 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME May Hellen

(a) Residence: No. 4654 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F. Hellen

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lillie Binyon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Alberta Hellan
(Address) 4654 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date April 25y 3

19. UNDERTAKER Pitz Wiedefeld
(Address) 914 Greenmount Ave.

20. FILED 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 22, 1938

I last saw h alive on April 22, 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1906
Acute Myocarditis	1936
Chronic Interstitial Nephritis	1936
Cerebral Hemorrhage	1936
Other contributory causes of importance:	
2d Cerebral Hemorrhage	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. H. Brosius, M. D.

(Address) 501-503 Sheridan Av.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46108 — CERTIFICATE OF DEATH — 92a F 46108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 Division St. 14-3 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M Brooks

(a) Residence: No. 2137 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Brooks

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Marie White

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Lillie Brooks

(Address) 2137 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 24, 1938

19. UNDERTAKER Mrs Kate R. Williams

(Address) 2222 Edmondson Ave

APR 23 1938 Filed 19 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to Apr 21, 1938

I last saw him alive on Apr 21, 1938. Death is said to have occurred on the date stated above, at 9:10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	"/24/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Wilson Frey, M. D.

(Address) 732 Penna Ave

46109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46109

Registered No. 186-a

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Bay View St. 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Westley Coleman

(a) Residence: No. 511 Eisler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Jessie Coleman

6. DATE OF BIRTH (month, day, year) July 4 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (illegible)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Moses Coleman
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Annie Jones
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 25 1938

19. UNDERTAKER Joseph A. Lichty & Sons
(Address) 409 N Mount Street

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April
Other contributory causes of importance: Senility	about 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 21 1938
Where did injury occur? 511 Eisler St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell on floor.
Nature of injury Laceration of scalp and head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1213 Hollins Street

V S 9 ...

ZORN ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46110 — CERTIFICATE OF DEATH — 95B — F 46110

Registered No.

1. PLACE OF DEATH: Balt. City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Catherine G. Zorn
(a) Residence: No. 7 4 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William M. Zorn

6. DATE OF BIRTH (month, day, year): June 18 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Car factory
10. Date deceased last worked at this occupation (month and year): About 6 months ago
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: George Adam Zorn
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Margaretha Eder
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. William M. Zorn
(Address) 74 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: April 25 1938

19. UNDERTAKER: Stephen Featherston NC
(Address) 1000 S. Kenwood Ave

PR 23 1938 Harrington Withdrawn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained in said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Uremia	days
Nephrosclerosis	5 years
II.	

Other contributory causes of importance: Hypertrophy heart, sclerosis aortic valve

Was an operation performed? — Date of

For what disease or injury?

Name of operation: Cystotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood, M. D. Coroner

(Address) 1711 N. Broadway

V S 6

46111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46111

CERTIFICATE OF DEATH

Registered No. 968

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) [illegible] St., [illegible] Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 3 mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [illegible] A. [illegible]

If U. S. Veteran specify WAR

(a) Residence: No. Harman Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. A. Hauds

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a.a. Co. Md.

FATHER

13. NAME John Charlton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Gilbert H. Clark

(Address) Harman Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date Apr. 25 35

19. UNDERTAKER Wm. Pickrell Sons

(Address) Booth & Frames

20. FILED [illegible] 1935 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible], 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to April 23 1935

I last saw h[illegible] alive on April 22, 1935 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Senile Dementia	[illegible]
Congestive failure	[illegible]
Bronchopneumonia	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Catonsville, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46112 — CERTIFICATE OF DEATH — 953 — F 46112

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 — Ward) 4

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Max Miller

(a) Residence: No. 2002 Linton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Sara Miller

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Marcel Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Miller - Son
(Address) 1635 Linton ave

18. BURIAL, CREMATION, OR REMOVAL 4-24-38
Place Rush Blvd Date ..... 19..

19. UNDERTAKER Jack Levin Bros
(Address) 1439 E. Baltimore St

20. FILED ..... 19.....
4 23 1938 Huntington Wilbert, Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/20 . 1938 to 4/23 . 1938

I last saw him alive on 4/23 . 1938. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebreal Hemorrhage	

Other contributory causes of importance: Hypertensive Cardio-Vascular Disease -

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Levy M. D.

(Address) W. 7th

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46113

CERTIFICATE OF DEATH

46a F 46113

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Block

(a) Residence: No. 1818 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer and Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Block

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry E. Block (Address) 1915 N. Balto st

18. BURIAL, CREMATION, OR REMOVAL. Pl[illegible] Date 4/24/38

19. UNDERTAKER Jack Levin (Address) 1429 E. Baltimore

20. FILED [illegible] 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/20/38. 19 . to 4/21/38. 19

I last saw h.l. alive on 4/21/38. 19 . Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset 9/37

Multiple metastases

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome Hartz M. D.

(Address) Sinai Hosp.

Boptz Krawitz

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46114

CERTIFICATE OF DEATH

93c

F 46114
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 813 West North Ave (Ward) 15-12
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth 40 yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Boptz Krawitz
(a) Residence: No. 3907 Park Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1027
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Mendel Braverman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Esther
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Pat Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 4/28/38

19. UNDERTAKER: Jas. J. Lewis Inc
(Address): 1439 E. Balto St

20. FILED APR 23 1938 Arthur Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/22, 1938

22. I HEREBY CERTIFY That I attended deceased from March 16, 1938 to Apr. 21, 1938
I last saw him alive on Apr 21, 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:
Myocarditis
Coronary Thrombosis

Date of onset

Other contributory causes of importance:
Coronary occlusion

Was an operation performed? No Date of —
For what disease or injury?
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) B. Kaden M. D.
(Address) 2306 Eutaw Place

E 46115

46115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 9a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Denver st St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Augustus Williams

If U. S. Veteran specify WAR

(a) Residence: No. 919 Denver st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eugene Dijon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Williams

16. BIRTHPLACE (city or town) (State or country) Cape Charles Va.

17. INFORMANT Florence Williams
(Address) 919 Denver st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/23 1938

19. UNDERTAKER Eloby & Wilson
(Address) 1000 Brantley ave

20. FILED ..... 19..... Registrar.

APR 23 1938 Hattie Fe Williams, R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 38

22. I HEREBY CERTIFY That I attended deceased from March 11 38 to April 22 38

I last saw him alive on Apr 20 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilotation	Apr
and Bronchopneumonia	11

Other contributory causes of importance None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John W. Lamb M. D.

(Address) 64 S. Caton st

M. D. P. 1268-9

46116 ✓ F 46116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Arlington St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Selby Sol Dean

(a) Residence: No. 1030 N. Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	ABORTION

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of abortion

6. DATE OF BIRTH (month, day, year) April 23 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 hr. 8 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foetus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Kenneth Dean

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Helen Powell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Helen Powell Dean

(Address) 1030 N. Arlington St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 38

UNIVERSITY MEDICAL SCHOOL APR 23 1938

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

23 1938 ... Registrar

3910

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to April 23, 1938

I last saw h.e.r alive on April 23, 1938 Death is said to have occurred on the date stated above, at 5 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion spontaneous	April 23 '38
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. Baptiste, Jr. M. D.

(Address) University Hospital

F 46117

46117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-1165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Maydell Road Ward)

Length of residence in city or town where death occurred 1 of 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Arthur L. T Thayer

(a) Residence: No. 314 Maydell Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary A Thayer

6. DATE OF BIRTH (month, day, year) Sept 20 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Webster Thayer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Edwards

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary A T Thayer

(Address) 314 Maydell Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park State Md Apr 23 1938

19. UNDERTAKER H. G. Hilbert & Son

(Address) 50 Eutaw Place

20. FILED Apr 23 1938

Registrar

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation by hanging	4/21
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/21 1938

Where did injury occur 314 Maydell Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury hanging

Nature of injury suffocation

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M J Hanna Coroner M. D.

(Address) 1822 N Baltimore St

E 16118

6118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154-84

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edmund J. Padden

(a) Residence: No. 2040 Cecil Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8/10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 2/3

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Padden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mt Hope Retreat, Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Cathedral Cem. Date 4/25/38

19. UNDERTAKER John J. Foley Sons (Address) 1318 Light St

20. FILED ..... 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to April 21, 1938.

I last saw h.er alive on April 21, 1938. Death is said to have occurred on the date stated above, at 11 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic Depressive Psychosis	2 Yrs
Osteomyelitis - right foot	4 Mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Damian P. Alagna M. D.

(Address) 3326 Fordham Rd

F 46119

6119

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE (No. 1003 President St. 27-14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Chambers — U.S. Veteran (specify WAR)

(a) Residence: No. 1003 President St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Colored	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Debra Chambers

6. DATE OF BIRTH (month, day, year): April 9, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw-yer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: John Chambers sr

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Amelia Loggins

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Debra Chambers (Address) 1003 Providence st

18. BURIAL, CREMATION, OR REMOVAL — Place: Westertown md Date: April 24 38

19. UNDERTAKER: Thomas E. Nelson (Address) 1303 Presstman st

20. FILED: Huntington Williams, M.D. Registrar

APR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13 1938 to April 21 1938

I last saw him alive on April 21 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophy — Date of onset 4/21

Pancreatic Cancer — Date of onset 4/21

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. F. Fletcher M. D.

(Address) 1225 Pa Ave

46120 E 46120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Covington St St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Sappington

(a) Residence: No. 1444 Covington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Greenberry T. Sappington

6. DATE OF BIRTH (month, day, year) July 4, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. County Md

FATHER

13. NAME James T. Stallings

14. BIRTHPLACE (city or town) (State or country) A.A. County Md

MOTHER

15. MAIDEN NAME Mary Ann Woods

16. BIRTHPLACE (city or town) (State or country) A.A. County Md

17. INFORMANT W. Herbert Sappington
(Address) Pasadena Maryland

18. BURIAL, CREMATION, OR REMOVAL
Dagothy Church Cem. Date Apr 24, 1938
Place A.A. County Md

19. UNDERTAKER Pratt & Stricker Sts
(Address)

20. FILED , 19 Registrar

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to April 24, 1938

I last saw her alive on 4/21, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	?
Epithelioma of right side of face	3 years before death

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? B. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Levitsel M. D.

(Address) 6224 26 Hanover St

16121 46121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46121

CERTIFICATE OF DEATH

66-E 46121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jesse Fries

If U. S. Veteran specify WAR

(a) Residence: No. Mercersburg, Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Fries

6. DATE OF BIRTH (month, day, year): April 30-1892

7. AGE: Years 45 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Geo. S. Mellott

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Belinda Hess

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: D. J. Linniger

(Address) Mercersburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place: Mercersburg Pa April 26 38

19. UNDERTAKER: Geo. L. Beyer Jr

(Address) 512 Colbrin St

20. FILED 19

APR 24 1938 Harrington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-25-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6 . 19?. to 4/25 . 19 38

I last saw h[illegible] alive on 4/22 . 19 38 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism?

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of 4/10-38

For what disease or injury? Thyrotoxicosis

Name of operation Subtotal Thyroidectomy

What test confirmed diagnosis? BMR Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry L. Ryder M. D.

(Address) University Hosp.

F 46122

46122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Elias Jones

If U. S. Veteran specify WAR

(a) Residence: No. 25 W Pennsylvania ave, Town, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary B Jones

6. DATE OF BIRTH (month, day, year) Oct 27-1842.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	6	25 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Practitioner.

10. Date deceased last worked at this occupation (month and year) 25 yrs 6 mos

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

FATHER

13. NAME Elkanah Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Andrew

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Ruth Jones

(Address) 30 Irvine road Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg, Md Date April 25 1938

19. UNDERTAKER John Burns' Sons

(Address) Towson Md.

20. FILED Dr. C. F. Williams, MD Registrar

APR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left Femur (intra capsular)	24 hrs.
Other contributory causes of importance:	
Pulmonary Edema	6 hrs.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 21st 1938

Where did injury occur? At home - Town Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell out of chair

Nature of injury Fractured leg.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Michael A. Abrams M. D.
Coroner (Deputy)

(Address) 2360 Eutaw place —

16123

HEALTH DEPARTMENT—CITY OF BALTIMORE

16123

CERTIFICATE OF DEATH

Registered No. 11 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Fait ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Demianchik

If U. S. Veteran specify WAR

(a) Residence: No. 3320 Fait ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	Female	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Hnat Demianchik

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria (Poland now)

FATHER

13. NAME De myttsi

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hnat Demianchik

(Address) 3320 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus 4/25/38

19. UNDERTAKER Stefan J. Fialkowski

(Address) 1006 S. Linwood ave

20. FILED 19

Registrar.

4-24-1938 Hennigan & Wilcox, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19 1938 to April 21 1938

I last saw her alive on April 21 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1 yr
Influenza	
Other contributory causes of importance: Diabetic Coma	3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward J. Cook M. D.

(Address) 2530 Baltimore

F 46124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46124

CERTIFICATE OF DEATH

168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (specify WAR)

2. FULL NAME Andrzej Henry Licharowicz

(a) Residence: No. 1605 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Rosa Licharowicz

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julia Licharowicz

(Address) 1605 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 26 1935

19. UNDERTAKER (Mrs.) Mary Debus

(Address) 401 S. Chester St.

20. FILED 19 Registrar

APR 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1935

22. I HEREBY CERTIFY, That I last charged the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lacerating Wound Neck — Date of onset

Other contributory causes of importance: Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/23, 1935.

Where did injury occur? 1605 Gough St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut neck with razor

Nature of injury (over)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck, M. D. Coroner

(Address)

46125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46125

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4625 Leistertown Rd 7-16 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Rubin Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 4625 Leistertown Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) NS

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1934

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Harris

(Address) 4625 Leistertown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 4/24/38

19. UNDERTAKER Jos. Lowe Inc

(Address) 1539 E. Baltimore

APR 24 1938

(Signature) ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to April 22, 1938

I last saw him alive on April 21, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	sudden
Other contributory causes of importance:	
Hypertension	1930

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Lewis Weinberg, M. D.

(Address) 1815 Eutaw Place

F 46126

46126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+/93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Gross

If U. S. Veteran specify WAR

(a) Residence: No. Rodgers Forge Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-2-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nathan Davis

14. BIRTHPLACE (city or town) (State or country) Fredericktown Md.

MOTHER

15. MAIDEN NAME Ellen Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date Apr. 24 38

19. UNDERTAKER Mrs R. A. Eckert & Co

(Address) 1129 N. Carolina

20. FILED 19 Registrar.

4 24 1938 Washington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938 to April 21, 1938

I last saw h alive on April 21, 1938 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Myocardial degeneration	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Walter Thompson M. D.

(Address) 201 N. Carey St.

F 46127

46127 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4116 Hayward Ave Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Kate Louise Tucker

(a) Residence: No. 4116 Hayward Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Tucker

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 3/38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua Upton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Burke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Tucker

(Address) 4116 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date 4-26 1938

19. UNDERTAKER F. C. Heginbotham

(Address) Edmondson City Md.

20. FILED 19 ... By ... Williams-Registrar.

APR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-1938

22. I HEREBY CERTIFY, That I attended deceased from April 18- 1938 to April 23- 1938

I last saw her alive on April 21st 1938. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - Hrt. and Intestinal hemorrhage - Cardiac decompensation

Date of onset: 1920 and 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, what? ...

(Signed) Thomas Rainer M. D.

(Address) 21 20 Maryland Ave

46128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46128

CERTIFICATE OF DEATH

32734 (38) 79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Gross

If U. S. Veteran specify WAR .....

(a) Residence: No. 1626 Hoeher St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 3/7/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Wades

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Apr 26 1938

19. UNDERTAKER Samuel F. Chase & Son
(Address) 638 N. Gilmor St

20. FILED ..... 19 ..... Registrar

R 24 1938 Deputy Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21. 1938. to April 23 1938.

I last saw her alive on April 23 1938. Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	4-20-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

46129 F 46129

46129 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St., 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. William Shipley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Shipley (nee Neumann)

6. DATE OF BIRTH (month, day, year) July 4, 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman Co.

10. Date deceased last worked at this occupation (month and year) 5/38

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Mt. Airy, Md.

FATHER

13. NAME John A. Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME M. A. Fowble

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Anna R. Shipley

(Address) 1809 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 25/38

19. UNDERTAKER Harry A. Smith

(Address) 4101 Edmondson Ave.

20. FILED APR 24 1938 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 22 38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/38, 19.., to 4 22 38, 19.. that I last saw him alive on 4, 22, 38, 19.. Death is said to have occurred on the date stated above, at 3 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/15/38
Other contributory causes of importance: Arteriosclerotic heart disease	yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home & Inf.

✓ F 46130

46130 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221-E-Pulson St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 89 yrs. 11 mos. 28 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Mary Henrietta Wilson

(a) Residence: No. 221-E-Pulson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. If single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of William M. Wilson

6. DATE OF BIRTH (month, day, year) May-27-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Ohio. (State or country) Maryland

FATHER

13. NAME Thos. J. Lawrence ? ? ?

14. BIRTHPLACE (city or town) ..... (State or country) Virginia

MOTHER

15. MAIDEN NAME Emerald Sutton

16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT Miss Nellie Cothoron (niece)
(Address) 221-E-Pulson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Apr-25 1938

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 Mt. Vernon Ave.

20. FILED ..... 19..... Registrar

APR 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1935 to April 23rd 1938

I last saw h.e.r alive on April 24. 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Apoplexy	3 days
Other contributory causes of importance: Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace W. Francis M. D.

(Address) 1 E Pulson St

46131

HEALTH DEPARTMENT—CITY OF BALTIMORE

46131

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 E 41st St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Henry Garrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 710 E 41st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Miller (Burd)

6. DATE OF BIRTH (month, day, year) Aug 28, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	7	25 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) 7 yrs.

11. Total time (years) spent in this occupation 62 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore city

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Balto. city

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore city

17. INFORMANT Mrs. Julia A Emerson (Housekeeper)

(Address) 710 E 41st St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date April 25 1938

19. UNDERTAKER John Merrick

(Address) 200 E Eager St

20. FILED APR 24 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936 to Apr 22, 1938

I last saw him alive on Apr. 22, 1938. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Cardio-Renal disease of Senility (Heart)	2 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lyman Abbott M. D.

(Address) 3937 Fernmount Ave

F 46132

F 46132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 E. Hoffman St. 8-4 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L Tingett

(a) Residence: No. 2124 E Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah E Tingett

6. DATE OF BIRTH (month, day, year) Oct 12 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Cobb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 35 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Haywood

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah E Tingett
(Address) 2124 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 25 19 38

19. UNDERTAKER Franklin W Leith
(Address) 814 W 26 St

20. FILED Apr 27 1938 Franklin W Leith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8 1938 to April 22 1938

I last saw ~~him~~ alive on April 22 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Right Hemiplegia

Date of onset 4/8/38

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Clarence Dingwood M. D.

(Address) 1618 E North Ave

F46133 HEALTH DEPARTMENT—CITY OF BALTIMORE F46133

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelius Moultry

(a) Residence: No. 846 S. Putnam St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/23/1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Moultry

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lizzie Ferrell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 28 1938

19. UNDERTAKER U. A. Brooks
(Address) 1463 N. Carey St.

20. FILED
APR 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 24, 1938

I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	

Other contributory causes of importance:
Miliary T.B.

Was an operation performed? No Date of

For what disease or injury?

Name of operation lumbar puncture

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irwin Fradkin M. D.
B. C. A.
(Address)

46134 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46134

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Paton Ave St. 27-16 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence S. Green

(a) Residence: No. 3425 Paton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) Feb. 22 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME Elias Fisher

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Rachel Savage

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Kate C Mousey

(Address) 3425 Paton Ave

18. BURIAL, CREMATION, OR REMOVAL Buck Park, Howard Co. April 25 '38

19. UNDERTAKER Wm George N. Holland

(Address) 1631 Reed Ville Ave

20. FILED ..... 19.... Registrar.

Huntington Photostatic, N.Y.

4 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12th 1938 to April 22, 1938

I last saw her alive on April 22 1938 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other contributory causes of importance: Abscess of Jaw 9	abt 12 1938

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. C. Simonton M. D.

(Address) 4309 Liberty Hgts

F 46135

46135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 9-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World.

2. FULL NAME Robert W. Holmes

(a) Residence: No. 3005 Matthews St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 28, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany N. Y.

FATHER

13. NAME John Holmes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Sterling

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Pill

(Address) 3005 Matthews St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/27 1938

19. UNDERTAKER Wilhom Gorsuch

(Address) 1217 E. Eager St

FILED APR 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: —	

Was an operation performed? Yes Date 4/21/38

For what disease or injury? Fractured Skull

Name of operation Craniotomy & Suture Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/20, 1938

Where did injury occur Moses Talent Sons — Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell down step.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreuder M. D.
Coroner

(Address) Coroner

46136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46136

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Beeale Ave St.) (13-6 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willoughby Chatterton

(a) Residence: No. 3315 Beeale Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary J. Chatterton

6. DATE OF BIRTH (month, day, year): May 3 1855

7. AGE: Years 82 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: Robert M. Chatterton

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Josephine Willoughby

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs Mary J Chatterton 3315 Beeale Ave.

18. BURIAL, CREMATION, OR REMOVAL: St Johns Cemetery Md Place Kingsville Date March 25 1938

19. UNDERTAKER (Address): Lorenzo Cook 217 St Paul Street

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 32 to April 23 19 38

I last saw him alive on April 21 19 38 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
generalized arteriosclerosis	Several Years
Chronic Myocardial degen. with cardiac insufficiency.	
Other contributory causes of importance: Cerebral Hemorrhage	1 month

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Michel M. D.

(Address) 7901 Edmondson ave

M. D. B. 1268-A

F 46137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4321 Harford Rd. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virgie Geneva Weller

(a) Residence: No. 4321 Harford Rd. St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick P. Weller

6. DATE OF BIRTH (month, day, year) April 8th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 60 yrs

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Duncan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia Tweedale

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Anna C. Weller

(Address) 4321 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 26th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to April 23 1938

I last saw h alive on April 18 1938 Death is said to have occurred on the date stated above, at 6:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Sept. 1935
Bronchopneumonia	4-16-38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wollod M. D.

(Address) 707 E. Fort Ave.

F 46138

46138 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Taney Rd St. Mt. Pleasant Ward) 3rd.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Prescott Webb

(a) Residence: No. 2404 Taney Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella Mansfield Webb

6. DATE OF BIRTH (month, day, year) Jan. 6, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs.	2 mos.	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Screen

10. Date deceased last worked at this occupation (month and year) Jan. 1934 — 11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Geo. P. Webb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bella Morrison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. R. Prescott Webb (Address) 2404 Taney Road.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Cem. Date April 25 1938

19. UNDERTAKER George P. Smith (Address) 1200 Fenton Street

20. FILED ... 19 ... By ... Deputy Registrar

APR 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to April 22, 1938

I last saw him alive on April 22, 1938 Death is said to have occurred on the date stated above, at 8 29 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Fibrosis (Post pneumonic)	20 yrs.
a Bronchitis	20 "
Grippe 4 months	

Other contributory cause of importance: Gastric Hemorrhage 12 hrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Levin MD M. D.

(Address) 211 W. Monument St.

F 46139 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46139

CERTIFICATE OF DEATH

× 149B - 149a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maude Simms

If U. S. Veteran specify WAR .....

(a) Residence: No. Dorsey Station Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tom Simms

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (2) 80

10. Date deceased last worked at this occupation (month and year) 3 1938

11. Total time (yrs.) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Geo Bailey Sr

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME A Culvert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Tom Simms

(Address) Dorsey Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Rest Date 4-27 1938

19. UNDERTAKER R Selby

(Address) Laurel Md

20. FILED APR 24 1938 Huntington Williams Dep. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/19/38 . 19 . to 4/24/38 . 19 .

I last saw h.er alive on 4/24/38 . 19 . Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREGNANCY F.T.D.F. C.	
Ruptured Uterus	
Cephalo - Pelvic disproportion	
Ante + Post partum Shock	
UREMIA	

Other contributory causes of importance:

Pulmonic

Hypostatic Pneumonia

Was an operation performed? Yes Date of 4-19-38

For what disease or injury? Ruptured Uterus

Name of operation Cesarean Section Porro

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H Kennedy Wall M. D.

(Address) University Hospital

46140 HEALTH DEPARTMENT—CITY OF BALTIMORE 46140

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens ave 19 Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Elizabeth Slater. — If U. S. Veteran specify WAR

(a) Residence: No. 401 S. Mount St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME George Slater

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Wandere

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Richter
(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Smallwood Cem. Date Apr. 27 19 38

19. UNDERTAKER H. Bankard & Son
(Address) Westminster Md.

20. FILED Apr 27 1938 Registrar

#24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/21/38. 19.... to 4/24/38. 19.....
I last saw h.. alive on 4/24/38. 19.... Death is said to have occurred on the date stated above at 10:5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Cardiovascular Disease)	
Degenerative Heart Disease	?
Other contributory causes of importance:	
Diabetes Mellitus	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. Parr M. D.

(Address) St. Agnes Hospital

M 46141

✓ F 46141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp St., 20 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ora Lee Pinchoaik

(a) Residence: No. 2300 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Mulatto	Married

5a. If married, widowed, or divorced HUSBAND of Louis Gundy

6. DATE OF BIRTH (month, day, year) 17 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME William Crasso

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Rhoda Melvin

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Ruben Mercedes

(Address) 1600 Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Way Cross Georgia Date April 25 1938

19. UNDERTAKER for Lovenson & Bros

(Address) 1124 E W Fort ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 18th . 1938 to April 23rd 38 19

I last saw her alive on April 23rd 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Syphilis Granuloma	
Perforation of Rectum	4-16-38
1	
Other contributory causes of importance:	
Peritonitis	4-16-38

Name of operation Repair of Perforation Date of 4-16-38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wool M. D.

(Address) Franklin Sq Hospital

Edwin Carleton Nizer

F 46142

46142 3438 67

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 27-6 Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Carlton Nizer If U. S. Veteran specify WAR 1/0

(a) Residence: No. 5318 Catalpha Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 3-17-07

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	01	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packaging 1.08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinmark Drug Co

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm J Nizer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Minnie Geise

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Date Apr 27 1938

19. UNDERTAKER Wm Cox & Son Co
(Address) 1217 E Fayette St

APR 25 1938 Harrington Williams, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 24, 1938.
I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis ?	1924
Uremia	1937

Other contributory causes of importance:

Hypertension, secondary to chronic renal insufficiency

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John A. Lanahan, Jr., M. D.

(Address) Johns Hopkins Hospital

46143 Charles L. McCullough F 46143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16267 JS
95-D
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR. Ex Prvt

2. FULL NAME Charles L. ~~McCullough~~ McCullough
(a) Residence: No. 1503 Ramsey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida B. McCullough

7. DATE OF BIRTH (month, day, year): 3-1-~~1840~~ 1878

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ? ~~mos~~	1	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Factory work
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Joseph ~~Mc~~ McCullough
14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Norah
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: April 25 1938

19. UNDERTAKER: Wm. Cook
(Address): 217 St Paul St

20. FILED: APR 25 1938 Thomas for Williams Reg'r

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to April 21, 1938
I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation: Clinical
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautelle, M. D.
(Address) Baltimore City Hospitals

46144 F 46144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 8-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR or Record

2. FULL NAME MR. ARTHUR L. BENWAY

(a) Residence: No. 2024 E. HOFFMAN St., Ward. CITY

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Benway

6. DATE OF BIRTH (month, day, year): Oct 26, 1881

7. AGE: Years 56 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ermkins Bakery

10. Date deceased last worked at this occupation (month and year): Apr 1938

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Mass

FATHER

13. NAME: Woodbury Benway

14. BIRTHPLACE (city or town) (State or country): Mass

MOTHER

15. MAIDEN NAME: Mary King

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Mary A Benway

(Address): 2024 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Date 4/27 19 38

19. UNDERTAKER: W. M. Cook

(Address): 1217 E Coldspring

20. FILED APR 25 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): APRIL 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from APRIL 20, 1938 to APRIL 24, 1938

I last saw h.i alive on APRIL 24, 1938. Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (upper left lobe + upper part of lower left lobe)

Fibrino-pleurisy

Date of onset: APR. 19, 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

46145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46145

CERTIFICATE OF DEATH

45-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Montebello Terrace Ward) 7-1

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George W Mc Gill

(a) Residence: No. 3206 Montebello Terrace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Margaret K Mc Gill

7. DATE OF BIRTH (month, day, year) Nov 24 1865

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Balto Life Ins Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1909

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Thomas J. Mc Gill

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ann Emily Bowdle

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mr George E Mc Gill
(Address) 2723 N North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Wood Lawn Cem Date April 25 1938

19. UNDERTAKER WILLIAM M MARECK
(Address) 715 LIGHT. ST.

Apr 25 1938 Interment Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1936 to April 22 1938

I last saw him alive on April 22 1938 Death is said to have occurred on the date stated above, at 7.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Lower Left Jaw.	1936
Other contributory causes of importance: Bronchial Pneumonia	
Auricular Fibrillation	1937

Was an operation performed? Yes Date of 1936

For what disease or injury? Cancer of Jaw

Name of operation Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward Zimmerman M. D.

(Address) 28 S Paca yard R

46146 F 46146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto.Gen. Hospital Ward) 24-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify) WAR

2. FULL NAME Hazel M. Mullinix

(a) Residence: No. 1700 Belt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 6, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Mullinix

14. BIRTHPLACE (city or town) (State or country) Mt.Airy, Md.

MOTHER

15. MAIDEN NAME Annie E. Cain

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Miss Ruth L. Mullinix

(Address) 1700 Belt St.,

18. BURIAL, CREMATION, OR REMOVAL Prospect Cem.

Place Mt.Airy,Md. Date Apr. 25 1938

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.,

20. FILED [illegible] 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R.Tibia & Fibula	
Amputation of R.Leg.	
Broncho Pneumonia	
Gas Bacilli	

Other contributory causes of importance:

Was an operation performed? Yes April 21, 1938

For what disease or injury? Fractur (Injury)

Name of operation Amputation April 21, 1938

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident April 17, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk Fort & Light St.

Manner of injury Collision of Autos. One jumped curb

Nature of injury struck her on sidewalk

24. Was disease or injury in any way related to occupation of deceased? NO If so, what?

(Signed) [illegible] M. D.

Coroner

(Address) 2257 Wash

46147 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46147

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 1 2 5 13

CITY OF BALTIMORE: (No. ..... St., 7-5 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Austin

If U. S. Veteran specify WAR

(a) Residence: No. 1615 Carey St., Ward. Wash. D. C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Minnie

6. DATE OF BIRTH (month, day, year): 5/22/72

7. AGE: Years 65 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

13. NAME: Charles Austin

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Laura McKeown

16. BIRTHPLACE (city or town) (State or country): N-Y-

17. INFORMANT: Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Washington D.C. Date 4/20 1938

19. UNDERTAKER: Frances A Hemsley

(Address) 578 W Biddle St

20. FILED ... 19 ... Registrar.

5 1938 Hemsley & Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1938 to Apr. 23, 1938

I last saw him alive on Apr. 23, 1938. Death is said to have occurred on the date stated above, at 2 15-5 m.

The principal cause of death and related causes of importance were as follows:

Bronchial-Pneumonia — Duration 4/15/38

Urinary Tract Infection, Chronic — ?

Urethral stricture — ?

Uraemia, terminal — ?

Other contributory causes of importance:

Hepatitis with jaundice — over

Was an operation performed? no Date of ...

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl E Buckland, M. D.

(Address) J. H. H.

46148

46148 HEALTH DEPARTMENT—CITY OF BALTIMORE

#4619

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 16 S. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Dec 17/88 ?

6b. DATE OF BIRTH (month, day, year) 2/17/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	51	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Steven

14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date April 25th 38

19. UNDERTAKER E O Wilkes
(Address) 1000 Brantley Ave

20. FILED Huntington Avenue, Md.

APR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to April 23, 1938

I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 5:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-20-38
Other contributory causes of importance: Cerebral hemorrhage	4-19-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

46149 HEALTH DEPARTMENT—CITY OF BALTIMORE 46149

CERTIFICATE OF DEATH

52

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 W. Hamburg St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary. C. Swindell

(a) Residence: No. 614 W Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob B. Swindell Sr.

6. DATE OF BIRTH (month, day, year) Feb 16th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mathew Warrenberger

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Catherine Fisher

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Elenor Smith (SISTER)

(Address) 614 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park. Date 4-25th 38

19. UNDERTAKER Bernard C. Harle

(Address) 121 E West St

20. FILED APR 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1937 to Apr. 22 1938

I last saw h.. alive on Apr. 21 1938. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus and Ovary Coma

Date of onset 1936

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Boyd M. D.

(Address) 104 W. Madison St.

F 46150

46150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-8

1. PLACE OF DEATH Franklin Square Hospital — Registered No.

CITY OF BALTIMORE: (No. — St., — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry E. Haesloop

(a) Residence: No. 413 Rockglen Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Louise K. Winter

6. DATE OF BIRTH (month, day, year) Oct-4-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Haesloop

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Heisl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry Haesloop
(Address) 413 Rockglen Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 4/26/38

19. UNDERTAKER Jno. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED 4 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/38

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1938 to 4-23- 1938

I last saw him alive on 4-23- 1938 Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophied Prostate	
Other contributory causes of importance:	
1) Arteriosclerotic Heart Disease	
2) Cardiac failure	

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Sodaro M. D.

(Address) Franklin Square Hospital

F 46151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46151

CERTIFICATE OF DEATH

V 178-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Windsor ave St., 15-7 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Henry Allen

(a) Residence: No. 2925 Windsor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Margaret E. Allen

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Booster Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 4-21-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartlestown, (State or country) Balto. Co.

FATHER

13. NAME Elias Allen

14. BIRTHPLACE (city or town) W. Va.
(State or country)

MOTHER

15. MAIDEN NAME Alice Ingichron

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Dr C. Hann
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 4-25 1938

19. UNDERTAKER Roland L. Fertler
(Address) 612 N. Monroe St.

20. FILED 4-25 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Found 5-404 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4/22 1938

Where did injury occur? 2925 Windsor Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in Garage

Manner of injury Pilot. Fell to light Summer

Nature of injury Broken Skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann Coroner M. D.
Coroner

(Address) 134 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46152 CERTIFICATE OF DEATH × 131 F 46152

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [illegible] If U. S. Veteran specify WAR

(a) Residence: No. [illegible] St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas C. McIntyre

6. DATE OF BIRTH (month, day, year): Apr 11, 1876

7. AGE: Years 62 | Months | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hsw.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Richard Doyle

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Ireland Wells Maddox

17. INFORMANT (Address): Mrs A. S Tuttle Laurel Md

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Md Date April 25 1938

19. UNDERTAKER (Address): Floyd Davis Laurel Md

APR 25 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 23, 1938

I last saw h[illegible] alive on April 23, 1938. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage C.V.D.	
Nephritis	Chronic
Chronic myocarditis	
Arteriosclerosis	4/23/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 46153

46153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Strong.

(a) Residence: No. Home for the Aged of the M.E. Church. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 20-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER FATHER

13. NAME Horace Strong

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

15. MAIDEN NAME Catherine Nolt

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date April 26th 38

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

DATE RECEIVED APR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937 to April 23, 1938

I last saw h[illegible] alive on April 21, 1938. Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Senility	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation No. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If [illegible] specify

(Signed) Geo. C Shannon, M. D.

(Address) 700 Fullerton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46154

CERTIFICATE OF DEATH

F 46154

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. S. 7 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Beckett

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Beckett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fanny Easton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo E. Beckett

(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City Date 4-27 1938

19. UNDERTAKER F. C. Hughes Waltham & Son

(Address) Ellicott City Md

FILED Apr 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 25, 1938

I last saw him alive on April 25, 1938. Death is said to have occurred on the date stated above, at 6 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tracheo-laryngo-bronchitis & edema of larynx.	4-12-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-24-38

For what disease or injury? Edema of larynx.

Name of operation Tracheotomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lawrence J Shimanek M. D.

(Address) St. Agnes Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46155

CERTIFICATE OF DEATH

√23 F 46155

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W Franklin St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lonnie Jefferson Jr

If U. S. Veteran specify WAR

(a) Residence: No. 820 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 23, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

13. NAME Lonnie Jefferson

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

15. MAIDEN NAME Elizabeth McGill

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va

17. INFORMANT Lonnie Jefferson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 25, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

APR 25 1938 Washington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to April 21, 1938

I last saw him alive on April 21, 1938 Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bacteriological examination? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Wright M. D.

(Address) 515 S. Arlington Ave

156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46156

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4913 Belair Rd St., 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H Eakens

If U. S. Veteran specify WAR

(a) Residence: No. 4913 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louise A. Eakens

7. DATE OF BIRTH (month, day, year): Jan 1, 1874

8. AGE — Years: 64 | Months: 3 | Days: 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pumping Station

10. Date deceased last worked at this occupation (month and year): [illegible] | 11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Ohio

13. NAME: Don't know

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Ella Feloney

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Louise A. Eakens
(Address): 4913 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: April 26, 1938

19. UNDERTAKER: Edward Eugene Sons
(Address): 1308 Belair Rd

CITY: Huntington Williams, Md.

APR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to April 23, 1938.

I last saw him alive on April 22, 1938. Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. Parotid.	June 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J S Bandney, M. D.

(Address) 4810 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46157

CERTIFICATE OF DEATH

93-C

F 46157

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William S Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 2142 Aiken St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Ellen Carroll

7. DATE OF BIRTH (month, day, year): May 3, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spc Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eastern Rolling Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

13. NAME Samuel Thompson

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME Elizabeth Ray

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT Mrs Mary Thompson

(Address) 2142 Aiken Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date 4-26- 36

19. UNDERTAKER Albert L Hilt Jr

(Address) 1606 N Chester Street

20. 25 1938 Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 18 1938 to April 22 1938

I last saw h wive on April 22 1938 Death is said to have occurred on the date stated above, at 11.25 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4/20/38
Other contributory causes of importance: Bronchopneumonia	4/14/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. MacMurchy M. D.

(Address) 111 [illegible] Baltimore Md

F 46158

46158 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Charles Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. New Windsor, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 19. 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Implement (Hardware)

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Pipe Creek. (State or country) Maryland

13. NAME Jesse Wilson

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known. (State or country)

17. INFORMANT Mrs Edna Wilson

(Address) New Windsor Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe Creek Cem. Date April 27 1938

19. UNDERTAKER D. D. Shaffer & Son

(Address) New Windsor Md.

20. FILED 19 Harlington Williams, Registrar.

1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/28/38, 19..., to 4/25, 1938

I last saw h[illegible] alive on 4/25, 1938. Death is said to have occurred on the date stated above, at 7:30 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (2 years)	

Other contributory causes of importance:

Arteriosclerotic cardio vascular disease with hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopay? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John A. Myers, M. D.

(Address) University Hospital

6159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46159

CERTIFICATE OF DEATH

139-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Emma D. Schmidt.

If U. S. Veteran specify WAR

(a) Residence: No. 6211 Everall Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Schmidt

7. DATE OF BIRTH (month, day, year) Sept. 27, 1890

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jennie A. Reese

14. BIRTHPLACE (city or town) (State or country) Unknown New Jersey

15. MAIDEN NAME Jane Friday

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. H. Schmidt.

(Address) 6211 Everall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 27 1938

19. UNDERTAKER Frederick Funeral Home

(Address) 1401 Edmondson Road

20. FILED ..... 19 ..... Registrar.

5 1938 Huntington Mitchell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 24, 1938

I last saw h.. alive on April 24, 1938. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pelvic abscess	
Bilateral salpingitis	
Secondary appendicitis	1938
Other contributory causes of importance:	
Chronic myocarditis	
Anemia, Diabetes, mellitus	

Was an operation performed? yes. Date of 3/13/38

For what disease or injury? Pelvic abscess, bilateral salpingitis

Name of operation appendectomy bilateral salpingectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry W. Wiese, M. D.

(Address) Md. Gen. Hosp.

John A. Blondell ✓

6160 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46160

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Callow Avenue St. 13-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME John A. Blondell

If U. S. Veteran specify WAR _____

(a) Residence: No. 2314 Callow Avenue St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Burke

DATE OF BIRTH (month, day, year) March 21, 1853

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Anthony Blondell

14. BIRTHPLACE (city or town) _____
(State or country) France

15. MAIDEN NAME Margaret _____

16. BIRTHPLACE (city or town) _____
(State or country) Ireland

17. INFORMANT Mrs. Margaret A. Blondell
(Address) 2314 Callow Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/27 19 38

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St.

20. FILED Huntington Williams, Registrar.
1938 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1935, to April 24 1938.

I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 35 about
Other contributory causes of importance: Hypertension Arteriosclerosis	Some years

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St

F 26161

6161 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

26-12 348-23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. do.

If U. S. Veteran specify WAR

2. FULL NAME John Hennick (32397)

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 26, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Oscar

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cemetery Date 4/26 1938

19. UNDERTAKER John C. Miller Inc
(Address) 2433 E Gliver St.

20. FILED Apr 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 25, 1938

I last saw him alive on April 25, 1938. Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct. 1937
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Cassedy M. D.

(Address) Balto. City Hospitals

F 46162

6162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31971 (MB)

Registered No. 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rubin Foster

(a) Residence: No. 915 Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madge

6. DATE OF BIRTH (month, day, year) 7/11/1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Manuf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Foster

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Alice Foster

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Apr 26 1938

19. UNDERTAKER Wm. S. Tickner & Sons
(Address) 1-Fales

20. FILED Apr 26 1938 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1938, to 4-25, 1938

I last saw him alive on 4-24, 1938. Death is said to have occurred on the date stated above, at 1.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis Left Femur	unknown
Erosion left femoral artery	unknown
Broncho Pneumonia	few days
Other contributory causes of importance:	
Gangrene left foot	few days

Was an operation performed? yes Date of 4/21/38 4/7/38

For what disease or injury?

Name of operation (1) Ligation femoral vessel (2) Amputation Lg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? unknown If so, specify

(Signed) E K Woodward Jr M. D.

(Address) Balto. City Hosp

F 46163

6163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1701 Madison Ave 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME Emily Beatley

(a) Residence: No. 1701 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced (or) WIFE of: Howard Beatley

7. DATE OF BIRTH (month, day, year): Aug 31, 1875

8. AGE: Years 62 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME Charles Saunders

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Esther Thomas

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Mamie Dorsey

(Address) 1701 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Royal Oak, Md. Date April 26 38

19. UNDERTAKER Mrs. George N. Holland

(Address) 1631 Druid Hill Ave

FILED 25 1938 Huntington Williams, Dep H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 38

22. I HEREBY CERTIFY, That I attended deceased from Jany 12 1938 to April 23 38

Last saw her alive on April 22 38 Death is said to have occurred on the date stated above, at 5.30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	— —
Chr Myocarditis	
Chr Nephritis	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Roelke M. D.

(Address) 601 N Carrollton Ave

6164 F 46164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 213 N. Fulton Ave Ward 19-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Alice Blake

(a) Residence: No. 213 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced: (or) WIFE of: Wm A Blake
6. DATE OF BIRTH (month, day, year)
7. AGE: Years: about 70; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.
13. NAME: Peter Van Varick
14. BIRTHPLACE (city or town) (State or country): N.Y.C.
15. MAIDEN NAME: Alice Smeathers
16. BIRTHPLACE (city or town) (State or country): N.Y.C.
17. INFORMANT: William Blake
(Address) 90-19-88th Ave Woodhaven L.I. N.Y.
18. BURIAL, CREMATION, OR REMOVAL: Cypress Hills N.Y. Date April 25 38
19. UNDERTAKER: William Cook
(Address) 1217 St Paul St
Filed 4-25 1938 19 by Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to April 24, 1938
I last saw her alive on April 23, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2 hrs.

Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis

Was an operation performed? Date of
For what disease or injury:
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place)
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A Clark M. D.
(Address) 44 N. Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

46165 F 46165

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. County Home St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jeanette Classman

(a) Residence: No. Aberdeen R.F.D. St., ... Ward. Aberdeen, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A. Classman

7. DATE OF BIRTH (month, day, year) May 1, 1893

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

13. NAME Wm. Curry

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

15. MAIDEN NAME Sarah Canthler

16. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

17. INFORMANT Univ. Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Lutheran Date April 27, 1938

19. UNDERTAKER Henry Tarring and Sons
(Address) Aberdeen, Md.

20. FILED April 27, 1938 Huntington Williams, M.D. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 24, 1938

I last saw h.. alive on April 24, 1938 Death is said to have occurred on the date stated above, at 12 m. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C.V.R.	Unknown
Cerebral hemorrhage.	4/21/38

Other contributory causes of importance:

Cardiac decompensation.	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No ..... If so, specify .....

(Signed) George H. Evans M. D.

(Address) University Hosp.

F 46166

46166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John T. Mc Connell.

(a) Residence: No. 628 Melville ave St., Ward. 9

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anna Mc Connell

6. DATE OF BIRTH (month, day, year) Feb. 24 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. E. E. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rubber Gas & Elec. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mc Connell.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Susan Sandiven.

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ann Mc Connell

(Address) 628 Melville ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 26th 1938

19. UNDERTAKER Libby & Geiler Inc.

(Address) 403 S. Wolfe st.

MAR 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangulation by Hanging

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/25 1938

Where did injury occur? 628 Melville ave. Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged himself with a rope from doorsill.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

17

F 46167

6167 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 E North Ave St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Oliver Moog

If U. S. Veteran specify WAR

(a) Residence: No. 327 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eutha V. Moog

6. DATE OF BIRTH (month, day, year) April 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Chemical

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Wm Moog

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susanna Clark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Eutha V. Moog (Wife)

(Address) 327 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 2 1938

19. UNDERTAKER Albert J. Gregory

(Address) 1402 E. North Ave.

20. FILED 1938 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

46168 KUPER F 46168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Lennox St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 18 da. How long in U. S. If of foreign birth? --yrs. --mos. --da.

2. FULL NAME Mary Gertrude Kuper

If U. S. Veteran specify WAR .....

(a) Residence: No. 501 Lennox St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Feb. 6, 1867

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Francis J. Kuper

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Dorothea H. Krug

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jas. E. McDonnell

(Address) 501 Lennox Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 4/26 1938

19. UNDERTAKER Harry N. Meade and Son

(Address) 802 W. Lafayette St.

20. FILED 4 26 1938 Henry for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, to April 24, 1938

I last saw her alive on April 24, 1938. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. D. Schmitz, M. D.

(Address) 701 N. Kenwood Ave.

46169 HEALTH DEPARTMENT—CITY OF BALTIMORE FE 46169

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Lockwood

If U. S. Veteran specify WAR .....

(a) Residence: No. Berlin, Worcester Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 7 - 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin maryland

13. NAME Henry Lockwood - deceased

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Tiny Towner

16. BIRTHPLACE (city or town) (State or country) Worcester Co. maryland

17. INFORMANT (Address) brother berlin maryland

18. BURIAL, CREMATION, OR REMOVAL Place Berlin Md. Date 4 '26 '38

19. UNDERTAKER (Address) J. W. Burbage Berlin Md.

20. FILED 4 26 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 , 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 , 1938 to April 25 , 1938

I last saw h in alive on April 25 1938 Death is said to have occurred on the date stated above, at 1.50 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis — Date of onset March 25

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumber puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Harry J Lumbl M. D.

(Address) Sydenham Hospital

46170 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46170

CERTIFICATE OF DEATH

XV 54-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital, Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 5 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Irene Wright If U. S. Veteran specify WAR

(a) Residence: No. 3220 Orchard St., Hillsdale Ave, West Virginia St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Wright

6. DATE OF BIRTH (month, day, year) Nov 2, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) OHIO

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Walter Wright (Address)

18. BURIAL, CREMATION, OR REMOVAL Date Apr 26, 1930

Place Mt Olivet Cem Wlk

19. UNDERTAKER Fred A Sperling (Address) Fayette & Eutaw

20. FILED ..... 19..... Registrar.

APR 26 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1930

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1930 to April 26, 1930

I last saw h.. alive on April 25, 1930 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Post Operative Pulmonary Embolism	April 26
2) Intestinal Perforation &c	
acute purulent peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 24, 1930

For what disease or injury? Ulcerative Appendicitis

Name of operation Amp. of Appendix Fecal Fistula

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas O Marsh M. D.

(Address) Bon Secours Hosp

F 46171

46171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Hampden Ave Ward) 27

Length of residence in city or town where death occurred 72 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lydia B. Puepke

(a) Residence: No. 2701 Hampden Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick H. Puepke

7. DATE OF BIRTH (month, day, year) Feb 3rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 3/27

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Lembeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Robert H. Puepke

(Address) 2701 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 27th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ... 19... Registrar

4 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 1936 to after 25 1938

I last saw him alive on after 24 1938 Death is said to have occurred on the date stated above, at 12:02 m. P. M.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertension	May 1936
Other contributory causes of importance: Cardiac insufficiency	1 day

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Roscoe E. Cross M. D.

(Address) 2438 Maryland Ave

F 46172

46172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Methodist Home

CITY OF BALTIMORE: (No. 2211 Rogers Ave. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabel M. Kane

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2211 Rogers Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Alexander Kane

6. DATE OF BIRTH (month, day, year) Oct 30th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	-	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aged Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME James S. Mewshaw

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Jane Wondersford

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Records

(Address) Home for Aged of M. E. Church

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 26th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

APR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to April 24, 1938

I last saw h.. alive on April 23, 1938 Death is said to have occurred on the date stated above, at 8:55 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance:

Senility — Date of onset .....

Was an operation performed? No. Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. C. Thomson M. D.

(Address) 700 N. Fulton Ave

46173 F 46173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 260 S. Highland Ave

CITY OF BALTIMORE: (No. ..... St. 26-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Whittington

If U. S. Veteran specify WAR no record

(a) Residence: No. 260 S Highland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A Whittington

DATE OF BIRTH (month, day, year) Aug 24-1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Ezra Spiker

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rebecca Nagel

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT J.A. Whittington
(Address) 260 S Highland Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 26 38

UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

APR 26 1938 Hampton Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938 to April 23, 1938

I last saw her alive on April 23, 1938 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935?
Chronic Nephritis	"
Pulmonary Edema	1938
Other contributory causes of importance:	
Angina Pectoris	1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Fred E Tadan, M. D.

(Address) 4200 Sheldon Ave

46174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46174

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 819 N. Kenwood St., 7-1 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Benda
If U. S. Veteran specify WAR to Record

(a) Residence: No. 819 N. Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (Husband of or) WIFE of: Frank Benda

6. DATE OF BIRTH (month, day, year): Sept 2 1865

7. AGE: Years 72; Months 7; Days 2; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0027
9. Industry or business in which work was done, as silk mills, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (City or town) (State or country): Czechoslovakia

13. NAME of informant: Kofron

14. BIRTHPLACE (City or town) (State or country): Czechoslovakia

15. MAIDEN NAME: unknown

16. BIRTHPLACE (City or town) (State or country): Czechoslovakia

17. INFORMANT (Address): James G. Benda 819 N. Kenwood

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: April 27 1938

19. UNDERTAKER: William Cook
(Address) 217 St Paul Street

20. FILED: April 26 1938 Williamsport, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937 to April 25 1938
I last saw her alive on April 25 1938. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-23-38
	4-23-38
Other contributory causes of importance: Arterio Sclerosis	1920

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Rozanek M. D.
(Address) 819 N. Kenwood

46175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46175

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 29 dds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Shanklin

(a) Residence: No. Patty's Hill Road St., ... Ward. Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 5 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Jonas Cond

13. NAME W. Jefferson Shanklin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Olivia Cromwell

16. BIRTHPLACE (city or town) (State or country) Jonas Cond

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 26 1938

19. UNDERTAKER (Address) Wm Cook 12 E St Paul St

20. FILED ..... 19 ..... Registrar.

6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24 1938 to April 23 1938

I last saw her alive on April 23 1938 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of sigmoid with pericolonic abscess	Nov. 1937
Other contributory causes of importance: Intestinal obstruction	March 1938

Was an operation performed? Yes Date of March 31, 1938

For what disease or injury? Resection of intestinal adhesions

Name of operation

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Hotz M. D.

(Address) Church Home & Inf

46176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46176

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-2nd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Gaskins

(a) Residence: No. 734 Hempel Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) 10/20/1881

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	6	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Richard Gaskins

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emily Crowly

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Apr 26 1938

UNDERTAKER Mrs R. C. Ford
(Address) 1408 Eutaw Ave

FILED APR 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1938 to 4-23 1938

I last saw him alive on 4-23 1938 Death is said to have occurred on the date stated above, at 11:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma prostate with metastasis to kidneys	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward M. D.

(Address) Balto. City Hosp.

177 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 46177

CERTIFICATE OF DEATH

87B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 302 Suffolk Rd St. Gyp Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Elizabeth Nancy Cromwell Crummer
(a) Residence: No. 302 Suffolk Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward Crummer

6. DATE OF BIRTH (month, day, year) July 16 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wool
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Mrs Peaskitt

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine A. Amoss

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Edward P. Crummer
(Address) 302 Suffolk Rd.

18. BURIAL, CREMATION OR REMOVAL
Place Druid Ridge Date April 26 1938

19. UNDERTAKER Henry W. Justemps Sons
(Address) 1411 Eutaw & Orchard Sts

20. FILED April 26 1938 Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to April 24 1938
I last saw h Sh alive on April 23 1938 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Old age) Cerebral Hemorrhage Cerebral Thrombosis Cerebral Embolism	Indefinite. About 10 Yrs.
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Franklin M. D.
(Address) 3500 N. Charles St

6178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46178

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. En Route to University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 20 Record

2. FULL NAME George F. Getz

(a) Residence: No. Rosmont, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Annie A. Getz

6. DATE OF BIRTH (month, day, year) June 22 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journeyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklayer

10. Date deceased last worked at this occupation (month and year) 4/25/38

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME ? Getz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lenkaman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Virginia M Klein

(Address) Arlington & Wrayton aves, Towson, Md

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem's Date April 28 38

19. UNDERTAKER O'Donnell Coork

(Address) 1217 St Paul St

APR 26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Natural)	1 hr.
Other contributory causes of importance: Acute Cardiac Dilatation	1 hr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 2360 Eutaw Place

F 46179

6179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Md Sinai Hospital

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Herman S. Snader

If U. S. Veteran specify WAR .....

(a) Residence: No. Union Bridge Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Ora M. Snader

DATE OF BIRTH (month, day, year) Sept 1, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Jesse Snader md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Rinehart

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Ora M. Snader

(Address) Union Bridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pipe Creek Date April 29 1938

19. UNDERTAKER C. D. Sisk & Son

(Address) Taneytown, Md.

20. FILED 4-26 1938 Waiting for Physician's Certificate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15-38, 1938, to 4-23, 1928.

I last saw h.im alive on 4-23, 1938. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-16-38

For what disease or injury? Sanguinous Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Union Bridge

E 46180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-B 32322 (MB)

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Clayton

(a) Residence: No. 656 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68 68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Mary Savage

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 28, 38

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED APR 26 1938 Custer Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1938 to 4-25, 1938.

I last saw her alive on 4-24, 1938. Death is said to have occurred on the date stated above, at 4:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach with metastasis Liver	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/13/38

For what disease or injury?

Name of operation Biopsy gland

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

46181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46181

CERTIFICATE OF DEATH

✓108 30093 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 303 Schroeder St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9-6-1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Isabelle Williams

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 26 38

UNDERTAKER Mrs Katie R. Williams

(Address) 327 N Schroeder St

FILED 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938, to April 23, 1938

I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Pleural effusion	over
Infantile eczema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John. Frankum, M. D.

(Address) Baltimore City Hosp

F 46182

46182 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1924 W. Pratt St. 14-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Tate

(a) Residence: No. 1924 W. Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tate

DATE OF BIRTH (month, day, year) 2/22/65

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lucy Tate
(Address) 1924 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Memorial Date April 26 1938

19. UNDERTAKER Archibald A. Gaefski
(Address) 2141 McCulloh St

20. FILED ... 19... Registrar Huntington Williams, M.D.

APR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/38

22. I HEREBY CERTIFY, That I attended deceased from 2/23/38 to 4/24/38

I last saw him alive on 4/24/38 and he died at 1:05 P.M. on the date stated above, which was said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows: Abscess 4/24/38 Duration of last spell

Lung boil

Other contributory causes of importance: Senile Dementia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? ...

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Ellis, M. D.

(Address) 924 Mod. Ave

6183

F 46183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 710 Dolphin St. 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Williams
If U. S. Veteran specify WAR .....

(a) Residence: No. 710 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Williams

DATE OF BIRTH (month, day, year) Jan 19, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Howard Williams
(Address) 710 Dolphin St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4/28 1938
19. UNDERTAKER Thos. G. Kelson
(Address) 1305 Preston St
20. FILED 4-29-1938 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1938
22. I HEREBY CERTIFY, That I attended deceased from April 23 1938 to April 25 1938
I last saw h[illegible] alive on April 25 1938 10:30 am Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jan 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

46184 HEALTH DEPARTMENT—CITY OF BALTIMORE 46184

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 314 N Green St., 4 - 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Concetta Alascia
(a) Residence: No. 314 N. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: widow

DATE OF BIRTH (month, day, year): December 20-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Santa Genovese
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Santa
16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT: Maria Nolica
(Address): 515 N Amity St

BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Ce Date: April 27 1938

UNDERTAKER: Frank Della Rose
(Address): 52 N Monroe St.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 - 24 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 - . 1936 to 4 - 24 . 1938.
I last saw h 4 alive on 4 - 24 . 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio sclerosis - hypertension - chronic nephritis & Gallbladder trouble & Cardiac hypertrophy	yrs ago.
Other contributory causes of importance: Acute cardiac decompensation.	1 mo.

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? clinical + X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. Edmunco M. D.
(Address) Medical arts Bldg

46185 HEALTH DEPARTMENT—CITY OF BALTIMORE # 46185

CERTIFICATE OF DEATH

146-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Agnes Hosp. (St.) 9-3 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Louise Marsh

(a) Residence: No. 1118 E. 36th St. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married Widow of

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Millard Fillmore Marsh

DATE OF BIRTH (month, day, year) July 3-1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Florence (State or country) Indiana

13. NAME John Adam Sinebaugh

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Elizabeth Railly

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT John Adam Marsh
(Address) 1118 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Indianapolis Date April 29 38

19. UNDERTAKER Martin Faber & Son
(Address) 1827 N. North Ave

20. FILED ... 19... (Signature) ... Registrar.

APR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1938 to 4-25 1938

I last saw her alive on 4-25 1938 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	
Exhausted Heart	
Other contributory causes of importance:	
Cachexia	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Lenfant M. D.
(Address) St Agnes Hosp

46186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46186

CERTIFICATE OF DEATH

✓ × 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Nancy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anne K. Peeling

(a) Residence: No. Windsor Mill Rd # 3709 St., Woodlawn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Peeling

DATE OF BIRTH (month, day, year) Sept. 14, 1879

AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
59 58	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Cameron

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eleanor Peeling

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT (Address) Charles K. Peeling Windsor Mill Rd., Woodlawn

BURIAL, CREMATION, OR REMOVAL Place Mt. Zion, Ellicott City Date April 28, 1938

UNDERTAKER (Address) E. Lepori & Stiffler, Inc. 125 E. North Ave.

FILED ..... 19.... Registrar

R 26 1938 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-25 (10:10 AM), 1938, to 4-27 (11:20 AM), 1938

I last saw h[illegible] alive on 4-27-, 1938. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Vascular Hemorrhage	4-23-38
Other contributory causes of importance: Malignant Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Sullivan, M. D.

(Address) Nancy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

6187

CERTIFICATE OF DEATH

131 F 46187

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 2nd Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George P. Cunningham

If U. S. Veteran specify WAR

(a) Residence: No. 425 Hut Club Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 25, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister Music

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Effie Cunningham

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Effie Cunningham

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT J. E. Cunningham
(Address) 425 Hut Club Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/26 1938

19. UNDERTAKER Raynes Sanders
(Address) 1413 E. Preston St

Huntington Williams, Mgr.

APR 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to April 22, 1938

I last saw h alive on April 22, 1938 Death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pneumonia Influenza Complete Coma	

Other contributory causes of importance:
None

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Harris M. D.

(Address) 1207 N Caroline St.

46188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46188

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 E. Arlington Ave 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1209 E. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Thomas

DATE OF BIRTH (month, day, year) Apr. 12 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethesda D.C.

13. NAME Sarah Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT John W. Thomas
(Address) 1209 E. Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 4-26 1938

18. UNDERTAKER Mrs R. C. Elliott Daughter
(Address) 112 S. N. Carrollton St

APR 26 1938 19 Huntington Williams Mgr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24. 1938 to Apr 22. 1938

I last saw h[e]r alive on Apr 22. 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic myocarditis	Feb 24 38
Chronic nephritis	Years 10 38

Other contributory causes of importance:

Cardiac asthma	Mar 19 38
Pulmonary edema	Apr 21 38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dow L. Berry M. D.

(Address) 1420 E. Chase

46189 HEALTH DEPARTMENT—CITY OF BALTIMORE #32649

CERTIFICATE OF DEATH

95-C

E 46189

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Boling

(a) Residence: No. 622 S. Ann St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Lavender

DATE OF BIRTH (month, day, year) 10/13/1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Stechoroski

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Hospital Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Apr. 28 1938

UNDERTAKER Mart. H. E. Dyrgal

(Address) 37 S. Eutaw

FILED APR 26 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1938, to 4-25-1938

I last saw him alive on 4-25-1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease — Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. H. Thomason M. D.

(Address) Baltimore City Hospitals

46190 26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46190

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2107 W. Baltimore St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Klassen

(a) RESIDENCE NO. 2107 W Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph Klassen

6 DATE OF BIRTH (month, day, and year): October 3rd 1848

7 AGE: Years 89 Months 6 Days 21 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Michael Hirsch.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Emmins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Margt Klassen 2107 W Balto St

OR [illegible] 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 19 38

17 I HEREBY CERTIFY, That I attended deceased from March 6, 19 38, to April 24, 19 38

that I last saw h[illegible] alive on April 24, 19 38

and that death occurred, on the date stated above, at 10 30 P.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 10 yrs. mos. d

CONTRIBUTORY (Secondary) Chronic Interstitial Hepatitis

(duration) 10 yrs. mos. d

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John A. Shearouby M. D.

19 (Address) 516 Stamford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross U. A. Co

Date of Burial: 4/27 19

20 UNDERTAKER: Bernard C. Hahn

ADDRESS: 1215 West

✓ F 46191.

46191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Lee Hock

(a) Residence: No. Owings Mills, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Child

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓ Feb 5. 1938

6. DATE OF BIRTH (month, day, year) Febr 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME James Hock

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

15. MAIDEN NAME Edith Speaks

16. BIRTHPLACE (city or town) (State or country) Balto County Md

17. INFORMANT Wm H Speaks

(Address) Owings Mills, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 27 1938

19. UNDERTAKER J. H. Eslinger & Sons

(Address) Westminster Md.

20. FILED Huntington Williamsport Md

APR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest Inquiry And that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	14 days
Other contributory causes of importance: Sepsis (Pneumococcic)	2 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical history & findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A Abrams M. D.

Coroner

(Address) 2360 Eastern Ave

6192 HEALTH DEPARTMENT—CITY OF BALTIMORE 46192

CERTIFICATE OF DEATH

159 #32774 SF

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Jones

(a) Residence: No. 1617 Cole St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/22/38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
dny		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME John Jones

14. BIRTHPLACE (city or town) unk.
(State or country)

15. MAIDEN NAME Anna Dulgen

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION OR REMOVAL
Place Balto. City Hosp. Date 4-23- 1938

UNDERTAKER Hospital disposal by cremation
(Address)

FILED 19 Registrar

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/38 19

22. I HEREBY CERTIFY, That I attended deceased from 4/22 1938 to 4/23 1938

I last saw him alive on 4/23 1938 Death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles L. Fordham M. D.

(Address) Balto. City Hospitals

193 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46193

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 9 S. Arlington St., or E. or W. 6-3 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Dwood (Mary A. Cross) If U. S. Veteran specify WAR

(a) Residence: No. 9 S. Arlington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Lewis E. Dwood

DATE OF BIRTH (month, day, year) Dec. 4th. 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

13. NAME OF FATHER Lee Ferguson

14. BIRTHPLACE (city or town) (State or country) Powerstown Ohio

15. MAIDEN NAME OF MOTHER Sophronia Lyon

16. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

INFORMANT Lee Ferguson

(Address) 9 S. Arlington Ave.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Pk. Date Apr. 26 1938

UNDERTAKER Wm. H. Carr & Son

(Address) 1003 N. Baltimore St.

Apr 26 1938 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/38

22. I HEREBY CERTIFY, That I attended deceased from 2/7/36, 19 to 4/27/38, 19

I last saw her alive on 4/26/38. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows: Cancer of Esophagus — Date of onset

Other contributory causes of importance: Cachexia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 9 S. Arlington Ave

46194 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46194

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Fremont Ave. St., 21-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Stein

(a) Residence: No. 518 S. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 12th 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 60 years

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Stein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT William M. Stein
(Address) 6343 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 27th 1938

UNDERTAKER O'Donovan
(Address) 1538 West Baltimore St.

FILED Huntington Williams M.D.
APR 26 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29 1938 to April 25 1938

I last saw him alive on April 25 1938 Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Chronic Interstitial nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Timothy Hoag M. D.

(Address) 729 Washington Blvd.

6195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46195

CERTIFICATE OF DEATH

32673 (MB)

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lee Wah.

(a) Residence: No. 213 E. Mulberry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/20/1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Lee Wah

14. BIRTHPLACE (city or town) China
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/27/38 19

UNDERTAKER STEWART & MARTIN COMPANY

(Address) 102 W. NORTH AVE.

FILED 19 Registrar.

1938 Huntington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19. 1938 to April 24. 1938

I last saw him alive on April 21. 1938 Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. De Lutella M. D.

(Address) Baltimore City Hospitals

F 46196

HEALTH DEPARTMENT—CITY OF BALTIMORE

196

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Luckmann

(a) Residence: No. 75 Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) Aug 9 - 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lay Brother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Daniel Luckmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Rev. Superior St Michaels Church

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 27 1938

UNDERTAKER (Address) Lilly & Zeller Jr 4035 E Wolfe St

FILED Harrington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938 to April 23, 1938

I last saw him alive on April 23, 1938 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Chronic myocarditis & hypertension ?

Date of onset 6 days.

Other contributory causes of importance:

Diabetes mellitus

Obesity

?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Gilbert E. Rubenacker M. D.

(Address) St. Josephs Hospital

26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46197

6197

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Chester St. St. 2-1 ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Smith

(a) Residence: No. 6 S. Chester St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 8 1803

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto. Street

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning Dep.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Helen Lindeman
(Address) 6 S. Chester St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Apr. 27, 1938

UNDERTAKER Lilly & Zeiler
(Address) 402 3 So Wolfe St

FILED 1938 ... 19 ... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Apr 24 . 19 38

22. I HEREBY CERTIFY, That I attended deceased from April 21 - 1938 to April 24 - 1938

I last saw him alive on April 21 - 1938 Death is said to have occurred on the date stated above, at 4-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe & Bronchitis	1 wk
Acute Leukemia	
Other contributory causes of importance: Myocardial Insufficiency	2 D.
Pulmonary Edema.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. L. Lemmon M. D.

(Address) 156 N. Mitchell Ave.

6198 HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 46198

CERTIFICATE OF DEATH

93-A

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3611 E. Lombard St. 26-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella W. Kenney
If U. S. Veteran specify WAR

(a) Residence: No. 3611 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael

DATE OF BIRTH (month, day, year) Sept 30 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Grogan
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Bridget Conroy
16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Michael Kenneyloon
(Address) 3611 E Lombard St

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral April 22 1938

UNDERTAKER Selby & Zeilerspre
(Address) 483 & 34 Hole St

FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 23, 1938

I last saw her alive on April 22, 1938, Death is said to have occurred on the date stated above, at 8/30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (over)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam Tod, M. D.
(Address) 4616 Cooks Ave

6199 E 46199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Penna Ave St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1924 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) April 24 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Luke Smith

14. BIRTHPLACE (city or town) (State or country) Gloucester Va.

15. MAIDEN NAME Vantilear Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Vantilear Smith

(Address) 1924 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 26 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19

Registrar.

1938

Huntington Pathological Lab

Apr 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to April 24, 1938

I last saw h[illegible] alive on April 24 1938 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Inertia	
Dry Labor	
Other contributory causes of importance:	
Large Fetus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. B. Pendleton, M. D.

(Address) 416 Wilson St

E 16200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 602 Lemmon St 13-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Bailie Warden

(a) Residence: No. 602 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

6. If ~~married~~, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1st 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Eliza Warden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alice McBlair Roney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Alice McBlair Warden
(Address) 602 Lemmon St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 27th 1938

UNDERTAKER Henry M Jenkins Sons Co
(Address) Edward McCaffrey St

FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1938, to April 25th, 1938

I last saw h-e alive on April 25, 1938 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 1st 38
Pulmonary Congestion	April 1st 38

Other contributory causes of importance:
Arteriosclerosis — Years

Was an operation performed? U Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Injury type Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? U If so, specify.

(Signed) J. A. Shaland M. D.

(Address) 500 N. Calvert St

1938

46201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46201

CERTIFICATE OF DEATH

24 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-3 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hazel Allen

(a) Residence: No. 400 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-5-~~1919~~ 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~19~~ 18	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME ~~Oliver~~

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Annie Robinson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. ~~H~~, Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 27, 38

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St.

APR 26 1938 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14. 1938. to April 23. 1938.

I last saw her alive on April 23 1938. Death is said to have occurred on the date stated above, at 1045P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous (?) meningitis	4-8-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

6202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46202

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Sulgrave Ave St. 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 9 da. How long in U. S. If of foreign birth? 72 yrs. 2 mos. 9 da.

2. FULL NAME Sarah Ulrich Diehl

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2306 Sulgrave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph H. Diehl

7. DATE OF BIRTH (month, day, year) Feb 17 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Lebanon Co Pa.

12. NAME John Ulrich

14. BIRTHPLACE (city or town) (State or country) Lebanon Co Penna

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (city or town) (State or country) Lebanon Co Pa

INFORMANT M. Joseph H. Diehl (Son)

(Address) 2306 Sulgrave Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mayerlawn Cem. Date Apr 27 1938

UNDERTAKER Stewart Mortuary Co

(Address) 1st & W Rem Ave

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1927 to April 25 1938

I last saw her alive on April 25 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial infarct	Nov 1937
Other contributory causes of importance:	
Hypertension	1926

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Lichtenstein M. D.

(Address) 1210 Eutaw Pl.

203 F 46203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR no —

2. FULL NAME Michael Brofka,

(a) Residence: No. 1631 Locust st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (~~wife~~) Apthelia Brofka

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipbuilding Industry (Key 0086)

10. Date deceased last worked at this occupation (month and year) 4/21/38

11. Total time (years) spent in this occupation ? —

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Brofka

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine Beniczewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife - Mrs Brofka

(Address) 1631 Locust st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 4/27/ 1938

19. UNDERTAKER C. J. Fanning & Son

(Address) 1931 E. Lafayette Ave.

20. 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Coroner's or Medical Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Coroner's or Medical Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures of Skull & Spinal Vertebrae (accidental)	48 hrs.
Other contributory causes of importance: Shock, Cardio-Respiratory Failure	48 hrs.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/21, 1938

Where did injury occur? Md Shipbuilding Corp. Fairfield, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry

Manner of injury Fell from Scaffolding in adjusting platform.

Nature of injury Fractures of Skull & Spine.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A. Shaum M. D. Coroner

(Address) 3600 Eastern Ave

6204 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46204

CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No

2. FULL NAME Theodore Schlesinger

(a) Residence: No. 310 W. Lanvale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sara Schlesinger

DATE OF BIRTH (month, day, year) Oct 26 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5 6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Columbus Ohio

13. NAME Isaac M Schlesinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kate Kraus

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Howard Schlesinger
(Address) 2332 Eutaw Place

BURIAL, CREMATION, OR REMOVAL Loud. M. Mt Lebanon date 4/28/ 1938

UNDERTAKER Montgomery
(Address) 2432 Eastern Ave

FILED ... 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/24/38 . 19 ... to 4/20/38 . 19 ... I last saw him alive on 4/20/38 . 19 ... Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestinal tract	?

Other contributory causes of importance:

Senile feebleness

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Schmidt, M. D.

(Address)

46205 HEALTH DEPARTMENT—CITY OF BALTIMORE No 46205

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 497

CITY OF BALTIMORE: (No. 1409 W. Lexington St. 19-W)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Edwards

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1409 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Margaret E. Edwards

DATE OF BIRTH (month, day, year) Feb 28th 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frank Bennett

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Va

12. NAME E. Edwards

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mary V. Edwards

(Address) 1409 W. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 28th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED APR 27 1938 E. Lee Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1938 to 4/26, 1938

I last saw h~~im~~alive on 4/25, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Urinary tract infection	3/8/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Williams Duffett M. D.

(Address) 1326 W. Lombard St

F 46206

46206 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 27 E. 21st St., 12-5 Ward)
Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ... Colored

2. FULL NAME Ethel E. Smith
(a) Residence: No. 27 E. 21st St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Harry W. Smith

DATE OF BIRTH (month, day, year) Dec 29th 1886

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
51	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Bros
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 11

BIRTHPLACE (city or town) (State or country) Marysville Pa

12. NAME Chas. H. Voss

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Amanda E. Krick

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Dorothy V. Smith
(Address) 27 E. 21st St.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 28th 1938

UNDERTAKER Wm Cook
(Address) ~~1247 E. 31st St~~ Paul St
~~Huntington Williams, W. Va.~~

FILED 27-1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to April 26, 1938
I last saw her alive on April 25, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	indef.
Other contributory causes of importance: Cardiac decompensation	1 day

Was an operation performed? yes Date of July, 1937
For what disease or injury? Thoracotomy, L.
Name of operation
What test confirmed diagnosis Clin & Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ... 19...
Where did injury occur? ~ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) E. T. [illegible] M. D.
(Address) 1321 [illegible] Ave

H. D. P. 1208-9

F 46207

46207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Lafayette Ave St. 11-2 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Baile Manahan

(a) Residence: No. 153 W. Main St, Westminster Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 27, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 2 '37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll County

13. NAME Charles T. Manahan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ada Nicodemus

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

INFORMANT Martha Manahan (Sister)
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date April 29. 1938

UNDERTAKER H. Bankard & Son
(Address) Westminster Md.

FILED 1938 . 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1938 to April 26 . 1938

I last saw her alive on April 26 . 1938 Death is said to have occurred on the date stated above, at 6.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ovarian	June 1937
Other contributory causes of importance: Fecal Fistula	12/8/37
Anemia, Secondary	

Name of operation Incision of abscess, abdominal wall Date of 12/8/37

What test confirmed diagnosis? Pathological Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Dorsett . M. D.

(Address) 1123 St Paul St

6208

F 46208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 10-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 E Preston St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME John H. Pinning

(a) Residence: No. 749 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Evans Pinning

DATE OF BIRTH (month, day, year) June 20, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder in Business

8. Date deceased last worked at this occupation (month, year) 1938

11. Total time (years) spent in this occupation 50+

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Carrol Pinning

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs Anna B Pinning 749 E. Preston

BURIAL, CREMATION, OR REMOVAL Redemption Cemetery April 28 1938

UNDERTAKER (Address) Edwin W. Conkling & Son 924 E Eager St

FILED 4/27 1938 Huntington W. Cassell Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17 1938 to April 25 1938

I last saw him alive on April 25 1938 Death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset April 38

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Pelletier M. D.

(Address) 817 Hamilton Ave

F 46209

46209 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

54-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Kelly Hospital Ward) 15-9

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Falk

(a) Residence: No. 3912 Bonner Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Kay.

DATE OF BIRTH (month, day, year): 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Solomon Krugen

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Gittel

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT (Address): Harry Krugen 3913 Cottage ave

BURIAL, CREMATION, OR REMOVAL: Herring Run Date April 27 1938

UNDERTAKER (Address): Sol Levenson & Bros. 1124-26 W. North ave

Filed April 27, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from April-5- 1938 to April-26 1938

I last saw her alive on April-26 1938 Death is said to have occurred on the date stated above, at 6 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Hem	4/15/38

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 4/13/38

For what disease or injury? Fibroids (Uterine)

Name of operation Hysterectomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw pl

6210 E 46210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hos St., 2-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joan Frances Danna.

(a) Residence No. 2017 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 22 - 37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Danna

14. BIRTHPLACE (city or town) (State or country) La

15. MAIDEN NAME Stryjeski

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT John Danna

(Address) 2017 Eastern Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 28 38

18. UNDERTAKER for Fred W. Ozmanski

(Address) 1930 Eastern Ave

19. FILED APR 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutition	
	0000

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address)

6211 Krawczykowski F 46211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Krawczykowski

If U. S. Veteran specify WAR

(a) Residence: No. Morris Lane & North Point Rd Ward 12466

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Boleslaw Krawczykowski

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME John McTyre

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Ujejkowska

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Boleslaw Krawczykowski

(Address) Morris Lane

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 30 1938

UNDERTAKER Fred y'l Ozarowski

(Address) 1930 Eastern Ave

FILED Finlayson Williams, M.D. Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 19 38 to 4/26/38, 19 ...

I last saw her alive on 4/26/38, 19 ... Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic and Hypertensive Heart disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Schmidt, M. D.

(Address)

E 16212

16212 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (Ward) 27-3

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Cadozen Beatty

(a) Residence: No. 2402 Montebella Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Franklin Beatty

DATE OF BIRTH (month, day, year) Oct 7-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (School) 130

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union S. C.

13. NAME Williams Beatty SC

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lydia Beatty

16. BIRTHPLACE (city or town) (State or country) SC

INFORMANT Mrs Franklin Beatty

(Address) 2402 Montebello Terrace

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date April 27, 38

UNDERTAKER Mrs Katie R. Wildgoose

(Address) 322 N Schroeder St

FILED 19 Registrar

APR 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) did on the day stated above, at his

The principal cause of death and related causes of importance were as follows:

Sub arachnoid Hemorrhage

Hypertension

Date of onset April 23 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Augusta St

46213 E 46213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 142-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 W. Lexington St. St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marian Durham

(a) Residence: No. 843 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Oct 28-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27 yrs	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4/20/38

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Rocky Point N.C.

13. NAME James Durham

14. BIRTHPLACE (city or town) (State or country) Rocky Point N.C.

15. MAIDEN NAME Louise Armstrong

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Pauline James

(Address) 1124 W. Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 28, 1938

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

Registrar

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess - probably Ruptured Tubal Pregnancy	2 mos
Other contributory causes of importance: Anemia	3 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell S Adams Coroner M. D.

(Address) 2360 Eastern Ave

Rec.—6-9-19—H. P. Co.—1000 Blks.

F 46214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20-2 92-a

F 46214

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2506 W. Fayette St. (WARD) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Neary

(a) RESIDENCE. NO. 2506 W. Fayette St. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late John T. Neary

DATE OF BIRTH (month, day, and year) July 17, 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thomas Wharry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant William G. Neary

(Address) 2506 W. Fayette St.

Filed 27 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1938

17 I HEREBY CERTIFY, That I attended deceased from 1928, 19[illegible]28. to April 25, 1938.

that I last saw her alive on April 24, 1938.

and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease 6 wks.

Joint Arthritis 6 yrs.

Arteriosclerosis 15 yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) R O Adams, M. D.

April, 1926 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 4/28/38 19

20 UNDERTAKER: Harry St Ruppe 4101 Edmondson Ave

ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

46215

CERTIFICATE OF DEATH

59 F 46215

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 17 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Wible

(a) Residence: No. 3108 Windsor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/25/38

7. AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or min.
Premature

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William L. Wible

14. BIRTHPLACE (city or town) (State or country) Pleasants Md.

15. MAIDEN NAME Eileen H. Dinneen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William L. Wible

(Address) 3108 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL Friday this County Date 4/27/38 19

19. UNDERTAKER Harry A. Wintzke

(Address) 4101 E Monument Ave

Date 4/27/1938 19 Removed to Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, to April 25, 1938.

I last saw her alive on April 25, 1938. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atalectasis.	from birth.

Other contributory causes of importance:
Prematurity.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Wyse Jr. M. D.

(Address) St Agnes Hospital

46216 F 46216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Belle Ave St. 15-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Garbus

(a) Residence: No. 3714 Belle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

If married, widowed, or divorced HUSBAND of [redacted] Francis King Garbus

DATE OF BIRTH (month, day, year) Feb 15 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

INFORMANT Anna Ryuker

(Address) 3714 Belle Ave

BURIAL, CREMATION, [illegible]

Place Union Cem Date April 2 1938

UNDERTAKER Joseph Kaminskas Sons

(Address) 602 Washington Blvd

FILED ..... 19... ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/38

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to April 25 1938

I last saw him alive on April 24 1938. Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis	1933
Other contributory causes of importance: Chronic nephritis Hypertension	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jos G Beneduna M. D.

(Address) 37 S. Stricker St

1338

Jos G. Beneduna

46217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131 F 46217

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 E. Baltimore St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Harvey M. Flores

(a) Residence: No. 2920 E Baltimore st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Irene Beer Flores

DATE OF BIRTH (month, day, year) Aug 20, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Binger, Pa.

13. NAME Monroe Flores

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Sarah Heffelfinger

16. BIRTHPLACE (city or town) (State or country) Penn.

INFORMANT Irene Flores

(Address) 2920 E. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place Allentown Pa. Date Apr. 30, 1938

UNDERTAKER Ernest B. Zimmerman

(Address) Fund Trust Bldg Allentown Pa

FILED 1938 Harrington Wilhelm, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1938, to 4-26-38, 19...

I last saw h~~im~~ alive on 4-26-1938. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	8 yrs
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Gould, M. D.

(Address) 14 N East ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

218 √23 F 46218

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 3mos. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Beulah Boone (28227)

If U. S. Veteran specify WAR

(a) Residence: No. 1623 Riggs Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton

ATE OF BIRTH (month, day, year) June 4, 1904

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Grenvell Hall

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Frances Lee

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 28 1938

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman—Dr

FILED 1938 Registrar.

Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1937 to April 25, 1938

I last saw her alive on April 25, 1938 Death is said to have occurred on the date stated above, at 11:27 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1937
Tuberculous peritonitis	Nov 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

46219 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46219

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St., 14-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Floyd Lindsay If U. S. Veteran specify WAR

(a) Residence: No. 1924 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/3/31

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Husbands

14. BIRTHPLACE (city or town) (State or country) Husbands

15. MAIDEN NAME Jessie Lindsay

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/27 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Orleans St.

20. FILED 4 27 1938 A. C. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19 - 1938 to April 25 - 1938

I last saw him alive on April 25 - 1938 Death is said to have occurred on the date stated above, at 2 47 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Staphylococcus Septicemia	April 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Herbert M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 46220

46220

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 19-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles Nagle

(a) Residence: No. 332 S. Norris St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle R. Nagle

DATE OF BIRTH (month, day, year) October 28, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hamilton
(State or country) Ohio

13. NAME Herman

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sarah Lockwood

16. BIRTHPLACE (city or town) Ohio
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place National Date 4-27 19 38

UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St

FILED 19 Register

4 27 1938 Huntingdon Wilkinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1938 to April 24, 1938

I last saw him alive on April 24, 1938 Death is said to have occurred on the date stated above, at 5:35 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs.

Date of onset April 1936.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Cassedy M. D.

(Address) Balto. City Hospitals

46221 HEALTH DEPARTMENT—CITY OF BALTIMORE 46221

V 131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH West Baltimore Gen'l St., 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Jacob Ginsberg

(a) Residence: No. 25 S. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced (or) WIFE of Bessie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Bessie Ginsberg
(Address) 25 S. High St.

BURIAL, CREMATION, OR REMOVAL Date 4-27-38

(Place) CEM.

UNDERTAKER Jack Louis Love
(Address) 1439 E. Baltimore St.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/21 1938 to 4/26 1938

I last saw him alive on 4/26 1938 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerotic Heart Disease	1 year
b. Arteriolo nephrosclerosis	2 m.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Lewis M. D.

(Address) U of M

F 46222

46222 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 824 S. Port Street St., 1-4 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Wieprecht

(a) Residence: No. 824 South Port St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of Veronica Wieprecht

7. DATE OF BIRTH (month, day, year) October, 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabnetmaker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yes

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Wieprecht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Veronica Wieprecht (Wife)

(Address) 824 South Port Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Apr, 29th 1938

19. UNDERTAKER George A. Weber

(Address) 205 E Ann St

20. FILED 4-27-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21 1938 to April 25 1938

I last saw him alive on April 25 1938 Death is said to have occurred on the date stated above, at 1117 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	4-21-38
Other contributory causes of importance: Pulmonary oedema	4-25-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

H. D. B. 1268-9

223

HEALTH DEPARTMENT—CITY OF BALTIMORE 16223

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Jenkins Memorial Hospital 15-3 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Honeywell

(a) Residence: No. 2355 West Wilkens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of Isabelle Honeywell

DATE OF BIRTH (month, day, year) July 4 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME of Father John H. Honeywell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME of Mother Frances A. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

INFORMANT (Address) Jenkins Memorial 1000 Caton Ave

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Apr 29 1938

UNDERTAKER Wm J. Ficker & Bro (Address) Balto

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1938 to 4-26 1938

last saw h / m alive on 4-26 1938 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Rt sided Hemiplegia	?
Hypertensive Cardiovascular Renal Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaker M. D.

(Address) St. Agnes Hospital

D. B. 1268-9

46224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46224

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 McHenry St. 19-4 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie T. Stewart

(a) Residence: No. 1616 McHenry St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. W. Stewart

6. DATE OF BIRTH (month, day, year) June 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Gerald Fitzgibbon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Nellie T. Fitzgibbon

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT A. Jones (Address) 111 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date April 28th 1938

19. UNDERTAKER A. Jones (Address) 111 S. Gilmor St.

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to April 25, 1938

I last saw her alive on April 23, 1938 Death is said to have occurred on the date stated above, at 1 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus with metastases	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St.

225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46225

23

. PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Balto. City Hospitals St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Joseph Gillooly (32808)

If U. S. Veteran specify WAR

(a) Residence: No. 626 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 22, 1906

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	11	3	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

3. NAME John

4. BIRTHPLACE (city or town) (State or country) Ireland

5. MAIDEN NAME Mary O'Donnell

6. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Pla New Cathedral Date April 29 19 38

UNDERTAKER Charles B. Tobell
(Address) 2427 Edmondson Ave.

R 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938 to April 26, 1938

I last saw him alive on April 26, 1938 Death is said to have occurred on the date stated above, at 4:35 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	June 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46226

34-95-2

Registered No.

. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marie Gunther

If U. S. Veteran specify WAR

(a) Residence: No. 1126 May St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 2-7-76

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Watkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriet King

16. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 27th 1938

UNDERTAKER Elroy O Wilson
(Address) 1600 Bradley Av

FILED APR 27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-9-38, 19, to Apr 22, 1938

I last saw h.er alive on Apr 28, 1938 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial endocarditis	2 mo.
Luetic + Hypertensive heart disease	5 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? → Was there an autopsy? Ye

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick H. Hosmer, M. D.
(Address) Johns Hopkins Hosp. Bal

6227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46227

CERTIFICATE OF DEATH

34-a-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 15-2 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Watkins

If U. S. Veteran specify WAR

(a) Residence: No. 1715 Presstman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0 days		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Eddie Franklin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosetta Watkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, (CREMATION), OR REMOVAL

Place Balto. City Hosp. Date 4-25- 1938

19. UNDERTAKER Hospital dis posal by cremation

(Address)

Date 4-27 1938 Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1938 to 4/24, 1938

I last saw her alive on 4/24, 1938. Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Dyplasia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles S. Friedman M. D.

(Address) Balto. City Hospitals

46228 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46228

CERTIFICATE OF DEATH 32310 (MB) 24-a-157-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-2 Ward

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Harris

(a) Residence: No. 108 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/24/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John S. C.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Mabel Dawson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. City Hosp. Date 4-26- 1938

19. UNDERTAKER Hospital disposal by cremation
(Address)

19 Registered

4-27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1938 to 4/25 1938

I last saw him alive on 4/25 1938. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	

Other contributory causes of importance:

Complete Maxillary Cleft (Congenital)

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles S. Gordland M. D.

(Address) Balto. City Hospitals

(4622) HEALTH DEPARTMENT—CITY OF BALTIMORE E 46223

CERTIFICATE OF DEATH

31308 JS

107-a

PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph Crauf

If U. S. Veteran specify WAR ...

(a) Residence: No. 932 S. Paca St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-31-1937

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

8. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME Joseph Pipptine

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Emma Crauf

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT B. G. H., Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Balto. City Hosp. Date 4-25- 1938

16. UNDERTAKER Hospital disposal by cremation
(Address)

FILED ... 19 ... Registrar.

4-27 1938 ... Livingston Mortuary, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-2- 1938 to 4-22 1938

I last saw him alive on 4-22 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA - (Broncho)	

Other contributory causes of importance:

EMPYEMA, Bilateral ULTRA VIOLET PRENATURITY

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Irvin M. Fradkin M. D.

(Address) B. C. H.

6230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46230

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. Lafayette Ave Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Alice Lutz Dyson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1720 E Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Dyson

6. DATE OF BIRTH (month, day, year) June 9, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) France

12. NAME Henry Meck

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Don't know

15. BIRTHPLACE (city or town) (State or country) France

16. INFORMANT John A. Lutz

(Address) 1109 Manchester Rd

17. BURIAL, CREMATION, OR REMOVAL

Place Leden Hill Date April 29, 1935

18. UNDERTAKER A. Boyd Evans

(Address) 1600 St Paul St

19. FILED ..... 19.....

Registrar.

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1935, to Apr 26, 1935

I last saw h.. alive on Apr. 26, 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other contributory causes of importance:

Cause Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas Frahm, M. D.

(Address) 1823 N Wolfe St.

231 HEALTH DEPARTMENT—CITY OF BALTIMORE 46231

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Calhoun St. 19-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Laura V. Stockton

(a) Residence: No. 2 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Wm. F. Stockton

7. DATE OF BIRTH (month, day, year) Nov. 20, 1868.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	6	

9a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9b. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9c. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Richard T. Gittings

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mills

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward M. Gates
(Address) 2 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date April 29/38

19. UNDERTAKER 4101 Edmondson Ave.
(Address)

19 Registrar.

APR 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17th, 1938 to April 26th, 1938.

I last saw her alive on April 25th, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	April 17th
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Conrad Fox, M. D.

(Address) 1900 Maryland ave.

232 Span #4 ✓ E 46232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH Balto. Harbor
CITY OF BALTIMORE: (No. Lipscomb Central Ave St., 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Unknown
(a) Residence: No. 5'7" - 165 lbs. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Docks
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Board Carter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date APR 27 1938 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

APR 27 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	Unk.

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19
Where did injury occur? Balto. Harbor
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Harbor
Manner of injury Not known
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Ward, M. D. Coroner
(Address) 711 N. Gay St.

6

F 46233

6233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. 25-3

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Thomas Nickolas Hollingsworth

(a) Residence: No. 2802 Maisel St (Westport) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth D. Hollingsworth

DATE OF BIRTH (month, day, year) Oct. 25, 1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Mass.

13. NAME OF FATHER Thomas N Hollingsworth

14. BIRTHPLACE (city or town) (State or country) Manchester England.

15. MAIDEN NAME OF MOTHER Not known

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT James F. Hollingsworth

(Address) 2305 Cedley St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Apr. 28 1938

UNDERTAKER Mamie C. Syfer

(Address) 1600 W. North Ave

1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/25
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) H. Hanna M. D. Coroner

(Address) 1822 W. Baltimore St.

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46234

46234

CERTIFICATE OF DEATH

46-B

CGK--32211

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2 4 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME George Gonatz

(a) Residence: No. 1807 Bel[illegible] St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Zore ?

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. D.D.C. Date 4/28 38

19. UNDERTAKER John J. Fahey & Sons
(Address) 318 Light St.

20. FILED 4/27 1938 Registrar Benjamin Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 25, 1938.

I last saw him alive on April 25, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

235 HEALTH DEPARTMENT—CITY OF BALTIMORE 46235

CERTIFICATE OF DEATH 32166 (MB) 23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-4 Ward)

gth of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Harry Hopkins

(a) Residence: No. 2127 W. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 6/27/1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

9. Date deceased last worked at this occupation (month and year) .....

10. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucy Andrews

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date April 27 1938

UNDERTAKER Albert M Gregory
(Address) 4406 North Ave

FILED 1938 Harry A. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to April 22, 1938

I last saw him alive on April 22, 1938. Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how .....

(Signed) H. A. de Lawlette M. D.

(Address) Baltimore City Hospitals

236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46236

CERTIFICATE OF DEATH

91-a

CGK--29840

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26th Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Michael Novak

(a) Residence: No. 2800 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Sacred Heart Cem. Date 4/27, 1938

UNDERTAKER John J. Fahey Son.
(Address) 1316 Light St.

FILED 1938 [illegible] Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1937 to April 24, 1938. I last saw h[illegible] alive on April 24, 1938. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. C. De Sautels M. D.
(Address) Baltimore City Hospitals

F 46237

6237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carroll Hawkins

(a) Residence: No. J. B. Md. St., ... Ward. ... Prince George Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Hawkins

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming Job

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of Father Jefferson Hawkins

14. BIRTHPLACE (City or Town) (State or country) Md.

15. MAIDEN NAME of Mother Lettie Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Rec. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J.B. Md. Date 4/27, 1938

19. UNDERTAKER Hunt & Ryan Waldorf Md. (Address)

20. FILED 1938 Hospital Williams, M.D. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938 to April 26, 1938.

I last saw him alive on April 26, 1938. Death is said to have occurred on the date stated above, at 11.40 P.m.

The principal cause of death and related causes of importance were as follows:

Uremia - Arteriosclerotic Hypertensive Cardiovascular Disease — Date of onset ?

Other contributory causes of importance:

Bilateral Pulmonary Tuberculosis
Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gideon J. Wells, M. D.

(Address) University Hospital

F 46238

D. B. 1268-9

6238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 56

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp. St. H-1 Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Vigna

(a) Residence: No. Havre de Grace Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 9-1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

13. NAME Gene Vigna

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Luigina Mazzucca

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Gene Vigna

(Address) Havre de Grace Md

BURIAL, CREMATION, OR REMOVAL Havre de Grace

Place Mt Erin Cem Date April 28 1938

UNDERTAKER Fleming Bros

(Address) Havre de Grace

1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Hospital, Coroner or Undertaker) thereon and from the evidence obtained by me [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Feb 1938
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lemuel B Wolfe, M. D.

(Address) 1331 E North Ave

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46239

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CARL BROWN

If U. S. Veteran specify WAR

(a) Residence: No. MT. AIRY St., ... Ward. MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER Roy L. Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Esten D. Conaway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Roy L. Brown
(Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Church Cem. Date April 29 1938

19. UNDERTAKER C. M. Waltz
(Address) Mayfield, Md

19 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/1938

22. I HEREBY CERTIFY, That I attended deceased from 4/15/1938 to 4/27/1938

I last saw HIM alive on 4/27/1938 Death is said to have occurred on the date stated above, at 3.5 p.m.

The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIA

Date of onset 4/13/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Everett D. Diggs, M. D.

(Address) UNIVERSITY HOSPITAL

F 46240

6240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 W. Mulberry St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME James A. Sewell

(a) Residence: No. 661 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	married

6. If married, widowed, or divorced WIFE of ~~HUSBAND of~~ Gertrude Sewell

DATE OF BIRTH (month, day, year) 1903

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Government projects.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

13. NAME Fred Sewell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Mason

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Herman Sewell

(Address) 661 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/25 35

UNDERTAKER Williams & Jackson

(Address) 416 Penna Ave

FILED 19 Registrar

281938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Heart Disease	3 mos.
	over
Other contributory causes of importance: Pulmonary Edema	6 hrs

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical history Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A Adams M. D.

Coroner

(Address) 2360 Eutaw Place

F 46241

46241 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 646 W. Barre St. 27-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
U. S. Veteran (specify WAR)

2. FULL NAME Sarah Jones
(a) Residence: No. 511 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) June 15, 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 4/24/38
11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Md
12. NAME Wm Jones
13. BIRTHPLACE (city or town) (State or country) Balto Md
14. MAIDEN NAME Henrietta Lemmon
15. BIRTHPLACE (city or town) (State or country) Balto Md
INFORMANT Henrietta Buck
(Address) 646 W. Barre St
BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/27 1938
UNDERTAKER Walter B. Spencer
(Address) 134 W. Hamilton St
28 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1938
22. I HEREBY CERTIFY, That I last saw the deceased alive on [illegible] and that death occurred on the date stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 hrs ago
Other contributory causes of importance: Chr Myocarditis; Arteriosclerosis	6 mo

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical History Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Michael A. Adams M. D.
Coroner
(Address) 360 Entaw Place

F 46242

46242 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Baltimore, Md 9-6
CITY OF BALTIMORE: (No. 2720 Hugo Ave St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pearl Regina Burtnett
If U.S. Veteran specify WAR
(a) Residence: No. 2720 Hugo Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Earl Burtnett

6. DATE OF BIRTH (month, day, year) May 28 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.
13. NAME Reuben Rosenstein
14. BIRTHPLACE (city or town) (State or country) Balto., Maryland
15. MAIDEN NAME Mary E. Shamberger.
16. BIRTHPLACE (city or town) (State or country) Stanford County Maryland.
INFORMANT Daughter (Doris Burtnett)
(Address) 2720 Hugo. ave.
BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 28 1938
UNDERTAKER Wm Cook
(Address) 1217 St Paul St

APR 28 1938 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from November, 1937 to April 26, 1938
I last saw her alive on April 26, 1938 Death is said to have occurred on the date stated above, at 10 45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Feb. 1936
Carcinomatosis of lungs & pleurae	Nov. 1937

Other contributory causes of importance:

Was an operation performed? Yes. Date of March 1936
For what disease or injury? Carcinoma of Breast.
What test confirmed diagnosis? Clin. Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Arthur Kaufman M. D.
(Address) 4335 Hanford Road.

46243 F 46243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Ken Oak St., [illegible] Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth Platt Roth

If U. S. Veteran specify WAR

(a) Residence: No. 4010 Ken Oak Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE: John H Roth Sr

6. DATE OF BIRTH (month, day, year): March 17-1854

7. AGE: Years 84 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: S24

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Frederick Geo. Platt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Elizabeth Platt

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Edward H. Fry

(Address) 4610 Park Heights

BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: April 30 38

UNDERTAKER: Norman Cook

(Address) 1217 St Paul Street

FILED: APR 28 1938

Registrar: Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 11, 1938 to April 27, 1938

I last saw h[illegible] alive on April 27, 1938 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Senile Arteriosclerosis.

Date of onset: Several Years.

Other contributory causes of importance:

Old age - to regulate

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. W. Keown M. D.

(Address) 1938 Linden Ave

46244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46244

CERTIFICATE OF DEATH ✓108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4 W. 25th St., 12-6 Ward)
Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify War ... Record

2. FULL NAME Jane C Burgan
(a) Residence: No. 4 W. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 7, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.
13. NAME John C Burgan
14. BIRTHPLACE (city or town) (State or country) London Eng
15. MAIDEN NAME Agnes McDermott Duncan
16. BIRTHPLACE (city or town) (State or country) Edinburgh Scotland
INFORMANT Amy E Burgan
(Address) 4 W 25th St
BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 29th 1938
UNDERTAKER Wm Cook
(Address) 1217 St. Paul st
FILED 4-29-1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934, to Apr 27, 1938
I last saw h[illegible] alive on Apr 26, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1925?
arteriosclerosis	—
Cerebral Hemorrhage	1935
Other contributory causes of importance:	
Lobar Pneumonia	Apr 24 1938

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ralph J. Hills M. D.
(Address) 1 E Eager st Balto Md

S.W.C.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46245

CERTIFICATE OF DEATH

192-a

F 46245

Registered No.

PLACE OF DEATH Hilton Court Apts

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Liberty Height & Hilton St. 15-8 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Laura Simmont Franke

(a) Residence: No. Liberty Height & Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Gerland F. Franke

DATE OF BIRTH (month, day, year) May 13, 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md/

12. NAME Fred. Simmont

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Julia Auir Chapman

16. BIRTHPLACE (city or town) (State or country) Conn.

INFORMANT May Franke

(Address) Hilton Court Apts

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apl 28 38

UNDERTAKER John D. Mitchell Sons

(Address) 1900 Eutaw Place

APR 28 1938 Washington W[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan' 1938, to April 25 1938

I last saw h[illegible] alive on April 25 1938. Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

Arterial sclerosis, hypertension

Mitral insufficiency

Date of onset

Other contributory causes of importance:

Broncho Pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) W. T. Love, M. D.

(Address) 2211 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

46246 L.H.C. Sisters of the Poor 92-F 46246

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Loretta Perkins

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Charles Perkins

6. DATE OF BIRTH (month, day, year) 3 March 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME OF FATHER Eben Palmer

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Caroline Mahoney

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 28 1938

19. UNDERTAKER Rob't Wiedefeld
(Address) 917 Greenmount Ave

APR 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26—, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to Apr 26, 1938

I last saw h[illegible] alive on Apr 22, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	?
Asthenia	3 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Parker, M. D.

(Address) 1114 Bank [illegible]

46247 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 F 46247

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7202 Glen Oak Ave. (St.) 27 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen V. Williams

If U. S. Veteran specify WAR No Record

(a) Residence: No. 7202 Glen Oak Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of George Williams

DATE OF BIRTH (month, day, year) May 19th 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME George Huntzman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Helen Slagaman

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT George Williams

(Address) 7202 Glen Oak Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 29th 38

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, N.P. Registrar.

APR 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12-37 to 4/26/38

I last saw her alive on 4/26/38 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1/1/26
Other contributory causes of importance: Myocardial Degeneration	4/16/38

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation NO

What test confirmed diagnosis? clinical sign Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Paul Fuller M. D.

(Address) 1508 N Broadway

F 46248

6248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N. GAY ST. St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNA R. TAYLOR

(a) Residence: No. 1634 N. GAY ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLE J. TAYLOR

DATE OF BIRTH (month, day, year) JULY 1-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) PHIL. PENNA PA.

13. NAME RICHARD HENDERSON

14. BIRTHPLACE (city or town) (State or country) PHIL. PENN.PA.

15. MAIDEN NAME EMELEY J. ELISON

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

INFORMANT CHARLES J. TAYLOR(HUSBAND)

(Address) 1634 N. GAY ST.

BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date APRIL 29/38

UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

FILED 28 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) Cama

49 E 46249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32689--rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 17-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Donald Lewis

(a) Residence: No. 627 Delphin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced HUSBAND of (or) WIFE of child

DATE OF BIRTH (month, day, year) 9/25/1937

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eloise

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Eloise Lewis

(Address) 627 Dolphin St

BURIAL, CREMATION, OR REMOVAL Mount Calvary Date Apr 28 1938

UNDERTAKER Dolphus Ballard & Son

(Address) 1 Dolphin St

FILED Apr 28 1938 Wilmer, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938. to April 26, 1938.

I last saw h[illegible] alive on April 26, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Duration of disease 6 days, April 20/38

Other contributory causes of importance:

T.B meningitis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Lumbar Puncture

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Irvin Trader M. D.

(Address) Baltimore City Hosp

F 46250

46250 U. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3405 Elgin Ave ST. 15-8 WARD)

2—FULL NAME Clarence H. Egan

(a) RESIDENCE NO. 3405 Elgin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie J. Egan

6 DATE OF BIRTH (month, day, and year) Jan 15-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 693

(b) General nature of industry, business, or establishment in which employed (or employer) General Claim

(c) Name of employer Agent. B & O. Railroad

9 BIRTHPLACE (city or town) (State or country) Zanesville Ohio

10 NAME OF FATHER Paul Egan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER — Culbertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Bessie J Egan

(Address) 3405 Elgin Ave

Filed 4-28 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27-38

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 38, 19 , to Apr 27, 38, 19 ,

that I last saw h-im alive on Apr 26/38, 19 ,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis acute

about (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis-1

about (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical

(Signed) Walter S Hubbert M. D.

, 19 (Address) 2220 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Apr 30 1938

20 UNDERTAKER Chas E Franck

ADDRESS 802 Madison Ave

251 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 46251

CERTIFICATE OF DEATH

46-13

CGK--32729 Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Lawrence Lefferd

(a) Residence: No. 109 N. Front St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 63		?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 29th 1938

UNDERTAKER Leo G. Brook
(Address) 1703 N. Patterson Park Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1938 to 4-25, 1938

I last saw him alive on 4-25, 1938. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

Apr 29 1938 Geo. [illegible] M.D.

F 46252

H. D. B. 1268-9

6252 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 636 Vine St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Edelen

(a) Residence: No. 636 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): July 1867

AGE: Years 61 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Christina Turner

(Address): 636 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Peters Cem Date: 5/29, 1938

19. UNDERTAKER: Francis A. Kemsley

(Address): 578 W Biddle St

20. FILED: 5/28/1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to Apr 25, 1938.

I last saw her alive on Apr 25, 1938. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	June 5/34

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey, M. D.

(Address) 1728 Penna Ave

253 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46253

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Diggs

If U. S. Veteran specify WAR

(a) Residence: No. 1909 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sara F. Diggs

6. DATE OF BIRTH (month, day, year) May 2 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Diggs

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sarah Diggs

(Address) 1909 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 4/30 1938

19. UNDERTAKER Frances A. Henders

(Address) 525 N Bradford St

Filed 28 1938 19 ... Registrar

Investigator Witness, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.26. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4.27. 1938 to 4.26. 1938

I last saw him alive on 4.26. 1938. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	10.1.37
acute cardiac decompensation	4.22.38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address)

5254 F 46254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Duncan St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Longo

If U. S. Veteran specify WAR .....

(a) Residence: No. 625 N Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Salvatore Longo

6. DATE OF BIRTH (month, day, year): Apr. 5th 1863

7. AGE: Years 75 | Months | Days 20 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME of Father: Chas. Lotastolo.

14. BIRTHPLACE (city or town) (State or country): Italy.

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Commarata Sr (Address) 623 N Duncan

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Apr 29" 1938

19. UNDERTAKER: Geo M. Fritz Son (Address) 811 N Ellwood

20. FILED ... 19 ... Registrar

8 1938 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1938 to Apr 26 1938

I last saw her alive on Apr 26 1938 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Acute cardiac dilatation	

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ... Postmortem

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Hornstein, M. D.

(Address) 733 Augusta Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46255 — CERTIFICATE OF DEATH — F 46255

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Gilmor St. 15-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charlotte A. Dunton

(a) Residence: No. 1633 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Dunton

DATE OF BIRTH (month, day, year) Feb 3, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

13. NAME Fatima Reed

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Phillips

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fidelia C. Dunton

(Address) 1633 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn

Place April 30 Date 4/30, 1938

19. UNDERTAKER Saml. W. Close & Son

(Address) 658 W. Gilmor

Filed APR 28 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1938, to Apr 27, 1938

I last saw her alive on Apr. 26, 1938 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	6/15/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Williamson M. D.

(Address) 1928 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46256

CERTIFICATE OF DEATH

50 F 46256

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 Hudson St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

FULL NAME Mary Katherine Hagan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2933 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 13 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) City

10. NAME Peter Hagan

11. BIRTHPLACE (city or town) (State or country) Ireland

12. MAIDEN NAME Mary A. McKenna

13. BIRTHPLACE (city or town) (State or country) Ire.

14. INFORMANT Joseph Hagan

(Address) 2933 Hudson St

15. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 4/30, 1938

16. UNDERTAKER John A. Hagan

(Address) 3000 E. Baltimore St.

4/28 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to April 26, 1938

I last saw her alive on April 26, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Breast Ulcerated	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Above. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury, ... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold B. Jacobs M. D.

(Address) 318 S. Highland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46257 CERTIFICATE OF DEATH V 92-a F 46257

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Montgomery St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs; ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Carter (C)

(a) Residence: No. 101 N. Montgomery St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of Do not know.
(or) WIFE of Do not know.

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	----------		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

12. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Sadie Hall.(C)

(Address) 101 N. Montgomery St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cr Date 4/28/38 19

UNDERTAKER Isaac L Brown & Son

(Address) 108 N Montgomery St Princess Anne, Md.

FILED APR 28 1938 Registrar

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

Coroner

4/27/38 Address 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46258

CERTIFICATE OF DEATH

F 46258

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette E. Edmonson St., 20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Mrs. Utz

(a) Residence: No. 2211 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew C. Utz

DATE OF BIRTH (month, day, year) Nov 27-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Philip Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kaminski

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Emma M. Rispeter

(Address) 2211 Ramsay St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4-25-38

UNDERTAKER Wm. H. Miller & Son

(Address) 1726 Pierce Place

FILED APR 28 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	4/18
Bronchopneumonia	4/23

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 4/18, 19 38

Where did injury occur? 2011 Ramsay St Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell on floor striking head

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Hamm M. D.

(Address) 1 E Fayette St Baltimore Md

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

46259 23 F 46259

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Alice Minor (23580)

(a) Residence: No. 1807 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec. 15, 1923

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va.

9. NAME Alfred

10. BIRTHPLACE (city or town) (State or country) Va.

12. MAIDEN NAME Bessie

13. BIRTHPLACE (city or town) (State or country) Va.

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 4-28-38

NDERTAKER Charles H. Burkett
(Address) 528 Lanvale St

ILED Hortense Williams, Reg

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to April 24, 1938

I last saw her alive on April 24, 1938 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	May 1937
Tuberculosis of intestines, liver, spleen	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. McCurtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

46260

CERTIFICATE OF DEATH

82-aF 46260

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1515 N. Maderia St. St. 8-4 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME FREDERICKA MATTERN

(a) Residence: No. 1515 N. Maderia St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Henry Mattern

DATE OF BIRTH (month, day, year) May 13, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	11	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME Henry Wessel

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME ? Fallenweber

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT John A. Engel Sr.
(Address) 1515 N. Maderia St.

15. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 28, 1938

16. UNDERTAKER John Merrick
(Address) 1007 Allendale St

FILED 19
APR 28 1938 H. Wm. Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938 to April 25, 1938.

I last saw her alive on April 25, 1938 Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteriosclerosis	1925
Cerebral Hemorrhage	4/25/38.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward E. Simonds M. D.
(Address) 1513 E. North Ave.

46261

HEALTH DEPARTMENT—CITY OF BALTIMORE

46261

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George Murphy (30472)

(a) Residence: No. 51 S. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) Nov. 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER John F. Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Martha Farrell

16. BIRTHPLACE (city or town) (State or country) Winchester, Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date April 29, 1938

19. UNDERTAKER George W. Sinkler
(Address) 1737 E. Eager St.

20. 4-28-38 Huntington, Nebraska, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1938 to April 27, 1938

I last saw him alive on April 27, 1938 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct. 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

46262

CERTIFICATE OF DEATH

92-aF 46262

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. Fairmount Ave St. 6-4 (Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Barylski

(a) Residence: No. 2003 E. Fairmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of XXXXXXX Maryanna

6. DATE OF BIRTH (month, day, year) Oct, 29th, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stephen Barylski (Son)
(Address) 2003 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April, 30, 38

19. UNDERTAKER George A Weber
(Address) 705 S. Ann St

20. 4 28 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1938, to Apr 26, 1938.

I last saw h in alive on Apr 26, 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Myocarditis + Endo Carditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Heart exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 301 S Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46263

CERTIFICATE OF DEATH

47-B F 46263

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2828 Edmondson Ave

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isadore Falk

(a) Residence: No. 2828 Edmondson Ave., (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hardware Store Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (City or town) (State or country): Russia

13. NAME: Samuel Falk

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Rachael

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Amelia Falk

(Address) 2828 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 4-28 38

19. UNDERTAKER: Jack Sevres Inc.

(Address) 1729 Gallows St

[illegible] to Westminster

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/27/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1938 to April 27 1938

I last saw h[illegible] alive on April 27 7P. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung.	1938
Other contributory causes of importance:	

Was an operation performed? yes Date of March 31. 1938

For what disease or injury? Cancer of R. lung

Name of operation Pneumectomy

What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) N. A. Michelsen M. D.

(Address) 2230 Cedar Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46264

CERTIFICATE OF DEATH

95-B

F 46264

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. Ward) 1-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M. Hinternesch

If U. S. Veteran specify WAR

(a) Residence: No. 128 S. Ellwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Hinternesch

DATE OF BIRTH (month, day, year) Apr 8. 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harry Hackett

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Dohna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William N. Ziemer

(Address) 3115 Clifton ave

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Apr 29 1938

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

4-28-1938 R. Livingston Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day and hour stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.

Coroner

(Address) Town

6265 HEALTH DEPARTMENT—CITY OF BALTIMORE 46265

CERTIFICATE OF DEATH

Registered No. 19-2 107-a

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1528 W. Lexington St. Ward)

Length of residence in city or town where death occurred 42 yrs. 10 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Louise Ferguson

If U. S. Veteran specify WAR

(a) Residence: No. 1525 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Ferguson

DATE OF BIRTH (month, day, year) July 21, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

11. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jane Leppard

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Sallie Leppard

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Wilburn Ferguson
(Address) 32 N. Mount

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem Date April 28, 1938

19. UNDERTAKER Joseph A. Lusby
(Address) 419 N. Mount St

Baltimore, Md.
Registrar.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 24, 1938

I last saw her alive on April 24, 19... Death is said to have occurred on the date stated above, at 10:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas Sheppard, M. D.

(Address) 1631 W Franklin St

266 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46266

CERTIFICATE OF DEATH

Registered No. .....

. PLACE OF DEATH South Balto. Gen. Hosp. St. 24 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. ..... Ward .....

ngth of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME John T. Simpkins (JOHN THOMAS SIMPKINS) U. S. Veteran (specify WAR)

(a) Residence: No. Elliott city, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha B. Fields

ATE OF BIRTH (month, day, year) Oct. 9. 1868

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 3,0

8. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30yrs

BIRTHPLACE (city or town) (State or country) Solomons Island Maryland

13. NAME Charles Simpkins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mathilda Carew

16. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Harry L. Dubbelde (Daughter)
(Address) 2918 Wyman Parkway

BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Apr. 29. 1938
Place

ERY SANDER & SONS. INC. Geo. F. Sander
NDERTAKER Baltimore & Broadway.
(Address)

ILED 1938 Hattie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-22. 1938. to 4-27. 1938

I last saw h[illegible] alive on 4-27. 1938 Death is said to have occurred on the date stated above, at 4 35/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4-20-38
Uremic Coma	5
Bilateral Bronchopneumonia	
Hypostatic	
Other contributory causes of importance: Chronic Myocarditis	C

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] L. Kreck, M. D.

(Address) South Balto. Gen. Hosp.

E 46267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hosp 11-3 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Baby Girl Hayes
(a) Residence: No. 622 Aisenbrook Rd St., Ward. Balto Co. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 · 38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. 9 min. 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md
13. NAME Albert Joseph Hayes
14. BIRTHPLACE (city or town) Balto (State or country) Md
15. MAIDEN NAME Edna Francis Deitz
16. BIRTHPLACE (city or town) Granite (State or country) Md
17. INFORMANT Albert Hayes
(Address) 622 Aisenbrook Rd
18. BURIAL, CREMATION, OR REMOVAL
Place retained at Hosp Date 19
19. UNDERTAKER
(Address)
20. FILED 19
8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 , 1938
22. I HEREBY CERTIFY, That I attended deceased from April 25 , 1938 to April 25 , 1938
I last saw him alive on April 25 , 1938 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4-25-38
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Mansfield M. D.
(Address) Md. Gen. Hosp

F 46268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Norris St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Roberta Carter

If U. S. Veteran specify WAR

(a) Residence: No. 505 Norris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Married.

If married, widowed, or divorced

~~HUSBAND~~ (or) WIFE of Raymond Carter

6. DATE OF BIRTH (month, day, year) June 28, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Simon Palmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Elizabeth Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ellis Carter

(Address) 505 Norris St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 29, 1938

19. UNDERTAKER Mrs Kate R Williams

(Address) 522 N Schroeder St

FILED 1938 Mrs. Kate R. Williams

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April. 24 1938 to April. 26 1938.

I last saw h[illegible] alive on April. 26 1938 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/24/38

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. N. Pickett M. D.

(Address) 1536 W Lafayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16269

CERTIFICATE OF DEATH

92-c

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

CITY OF BALTIMORE (No. 25 St., Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Olsen If U. S. Veteran specify WAR

(a) Residence: No. 4920 Curtis St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Olsen

6. DATE OF BIRTH (month, day, year) aug 12. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea captain

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bergen, Norway

13. NAME Mont Know

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Mont Know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. John J. McMahon

(Address) Glen Burnie, A.A. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Co Date 4/29 1938

19. UNDERTAKER Margaret G. Flynn

(Address) 209 N. Gilson St

20. FILED 1938 Augusta Wilmer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/25/38 . 19 to 4/27/38 . 19

I last saw h alive on 4/27/38 . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. perforated peptic ulcer	
2. peritonitis	
Other contributory causes of importance:	
1. Arteriosclerosis, general	?
2. Chronic myocarditis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Diana M. Lupo M. D.

(Address) 1213 Light St.

16270 F 46270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Elinor Ave) (Ward) 8

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H Hammen

If U. S. Veteran specify WAR

(a) Residence: No. 2209 Elinor Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Hahn Hammen

6. DATE OF BIRTH (month, day, year) June 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Correspondent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown - Deceased

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Sophia H. Hammen

(Address) 2209 Elinor ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 30, 38

19. UNDERTAKER Wm. Pickup & Sons

Address North & Pa Ave.

Filed Apr 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 - 1938, to Apr 27 - 1938

I last saw him alive on Apr 27 - 1938 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Apr 27, 38

Other contributory causes of importance: No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Autopsy? Was there an Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury No

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Wesley Cole M. D.

(Address) 2207 Fremont

✓ F 46271

271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Home, 770 E. Baird St., 3-2 Ward)

Registered No. 852

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Basara

(a) Residence: No. 770 E. Baird St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Basara

DATE OF BIRTH (month, day, year) 852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	26		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Ludwig Schwieg

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT George Basara (Address) 770 E. Baird St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date 4/28 1938

UNDERTAKER John J. Fahey & Sons (Address) 132 Light St.

FILED 19 [illegible]

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 yr.

Other contributory causes of importance: Cardiac Hypertrophy, Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 11 N. Howard St.

3272 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46272

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Md. Gen. Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 113 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Seth B. Taylor If U. S. Veteran specify WAR

(a) Residence: No. Aberdeen Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Helen E. Taylor

6. DATE OF BIRTH (month, day, year) Aug 26 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 5/1938 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME OF FATHER Wm James Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Martha Coe

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Helen E. Taylor

(Address) Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL Harford Co.

Place Rodgers Chapel Date 5/1 1938

19. UNDERTAKER J. Madison Mitchell

(Address) Havre de Grace, Md.

19 1938 Hastings Mitchell, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1938 to 4-28, 1938

I last saw him alive on 4-28, 1938 Death is said to have occurred on the date stated above, at 10 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Jefferson M. D.

(Address) Md. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46273

6273

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. 1210 E Biddle Street St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 60 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

FULL NAME Susan Kattern

If U. S. Veteran specify WAR

(a) Residence: No. 1210 E Biddle Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Kattern

DATE OF BIRTH (month, day, year) Sept. 25, 1853

GE Years	Months	Days	If LESS than 1 day hrs. or min.
84	7	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

3. NAME Henry Fester

4. BIRTHPLACE (city or town) (State or country) Pennsylvania

5. MAIDEN NAME Martha Forshey

6. BIRTHPLACE (city or town) (State or country) Pennsylvania

NFORMANT Mrs. Georgia Niedefield (Daughter)

(Address) 1210 E Biddle Street

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date 4/30/38 19

NDERTAKER George D. Roth Inc

(Address) 1225 Aliceanna Street

87938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1938 to 4/26 1938

I last saw h[illegible] alive on 4/26 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? PE. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

H

E 46274

6274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen. Hospital St. 22 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Josiah Earl

(a) Residence: No. 127 Arch St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	[illegible]

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible] 62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Unknown, Md.

13. NAME Emma Earl.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) [illegible]

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 28 1938
Commissioner of Health
Per H. A. Moore

UNDERTAKER

(Address)

1938 [illegible] Registrar

6 3972

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

4-27-38

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver & Chronic Nephritis (Coma)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

6275 — F 46275

CERTIFICATE OF DEATH

122 B

1. PLACE OF DEATH University Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-8 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Becker — If U. S. Veteran specify WAR

(a) Residence: No. 3610 Hooper Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Guy B. Becker

6. DATE OF BIRTH (month, day, year) Nov 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME OF FATHER Reuben Haines

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME OF MOTHER Mary Ruby.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT C. Beulah Brooke.
(Address) 3610 Hooper Ave.

18. BURIAL, CREMATION, OR REMOVAL
Where Mays Hampden Date April 29, 1938

19. UNDERTAKER Ehrenwerth & Son
(Address) 3615-17 Eastern Ave

20. FILED ..... 19..... Registrar.

1938 — [illegible] — 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938 to April 27, 1938

I last saw her alive on April 27, 1938. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Anterior Abdominal Wall — attached to Transverse Colon.	

Other contributory causes of importance:

Obesity; Paralytic Ileus; acute Pulmonary Edema; Right Subdiaphragmatic

Was an operation performed? Yes. Date of April 23, 1938

For what disease or injury? Abscess of abdomen

Name of operation Incision & drainage

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. B. Long, M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

276 — F 76276

CERTIFICATE OF DEATH

25-1 46-C

PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hosp. Balto 22nd)

Length of residence in city or town where death occurred 12 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

FULL NAME Miss Marie Reid

(a) Residence: No. Mount Hope Retreat Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 31 1870

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
68	68	0	28 27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

10. NAME Thomas B. Reid

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. MAIDEN NAME Frances Hess

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

15. INFORMANT (Address) Mount Hope Retreat Records Baltimore Maryland

16. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Pa 4/29 1938

17. UNDERTAKER (Address) John F. Cahey & Sons 1318 Eight St.

18. FILED ___ 19___ Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-07 1938 to 4-28 1938

I last saw her alive on 4-28 1938 Death is said to have occurred on the date stated above, at 12-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca - Splenic Flexure of colon	
Intestinal Obstruction	
Other contributory causes of importance: Myocardial Degeneration	

Was an operation performed? Yes Date of 4-28-38

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ___ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify

(Signed) E. Eubanks M. D.

(Address) St Agnes Hosp.

F 16277

16277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 East Preston St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard F. Rutter

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2427 East Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Clara Rutter

DATE OF BIRTH (month, day, year) October 27 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Maker

10. Date deceased last worked at this occupation (month and year) 4/17

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Savage Md.

13. NAME John Henry Rutter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Vivian Donaldson

(Address) 1528 Harwick Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 29 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 29 1938 19 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) did find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chandler M. D.

Coroner

(Address) Carroll

6278

F 46278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

Registered No. 27-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Francis Scott

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5330 Maple Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 22, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert L. Scott

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Helen Shields

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert L. Scott

(Address) 5330 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C. A. Cortal April 29 19 38

19. UNDERTAKER Amy Cook

(Address) 1217 St. Paul St.

Date 4-29 1938 Fort Frederick, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident April 20, 1938 19
Accident, suicide or homicide? (Month, day, and year of injury)

Where did injury occur? Balto. City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Hayward Av. & Reisters town Rd.

Manner of injury Riding Bicycle holding on Truck

Nature of injury lost controle of Bicycle fell under, wheel of truck

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. C. Cullen M. D.

(Address) 3757 E. Monument

6279 F 46279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. Monroe St., 16-E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna V. Faithful

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1131 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Faithful

DATE OF BIRTH (month, day, year) July 4th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Joseph A Jacobs

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Katherine ?

15. BIRTHPLACE (city or town) (State or country) York Pa

16. INFORMANT Robert Faithful

(Address) 1805 N. Durham St

17. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 30th 38

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED APR 29 1938, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 27, 1938

I last saw h alive on April 25, 1938 Death is said to have occurred on the date stated above, at 11:35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease.	?
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) D C MacLaughlin M. D.

(Address) 400 N. Wilson St.

F 46280

6280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 6-39

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Phillip A. Lloyd

(a) Residence: No. No home 416 N. Montford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 3/5/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Madden Shirt Building Co

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME Thomas Lloyd

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Rose Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 30 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed 4-29-1938, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 28, 1938.

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

6281

F 46281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 19 South St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mariano Bannatei

If U. S. Veteran specify WAR

(a) Residence: No. 419 South St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of ~~last WIFE of~~ Jacomina Bannatei

DATE OF BIRTH (month, day, year) July - 866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 2 years past

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Luigi Bannatei

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Teodora (wife) Nunn

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Abramo Bannatei

(Address) 21 N. Collington Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 2, 19 1?

UNDERTAKER Frank Geller & Son

(Address) 52 N. Monroe St.

FILED ~~19~~ 19 1 May 1 Wm. A. Fisher Registrar

5 1530

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 19 8

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	May
Myocardial Insufficiency	years

Other contributory causes of importance Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, Coroner M. D.

(Address) 111 N. Howard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46282

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-1 St. Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Lynch

If U. S. Veteran specify WAR

(a) Residence: No. 127 N. Decker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah

6. DATE OF BIRTH (month, day, year): 3-27-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iceland

13. NAME: John Lynch

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: manmay ?

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date April 30 1938

19. UNDERTAKER: Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 29 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): apr. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from apr. 18, 1938 to apr. 27, 1938

I last saw him alive on apr. 27, 1938 Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - type ? - all	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violenre) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Frederick H. Hanson, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16283 — 82 F 16283

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen Hospital — St. 20-2 Ward — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Anna Hunter

(a) Residence: No. 505 Popular Grove, Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Widow	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ross Hunter

DATE OF BIRTH (month, day, year) MARCH 28 - 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Boghezan

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Roy D Hunter

(Address) 505 Poplar Grove St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-2-38

UNDERTAKER Geo H Cook

(Address) 2700 Edmondson Ave

APR 29 1938 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12 30 PM 4-26, 1938 to 9 AM 4-28, 1938

I last saw her alive on 4-28-, 1938 Death is said to have occurred on the date stated above, at 9 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Due to Hypertension	4-26

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Lemmon, M. D.

(Address) WB-9H

6284 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46284

CERTIFICATE OF DEATH

Fairview Rub 50

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Maine ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Angelo

(a) Residence: No. 4011 Maine ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Abraham

6. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Russia

12. NAME: Samuel Velentko

13. BIRTHPLACE (city or town) (State or country): Russia

14. MAIDEN NAME: Unknown

15. BIRTHPLACE (city or town) (State or country): Russia

16. INFORMANT: Samuel Angelo

(Address) 4011 Maine ave

17. BURIAL, CREMATION, OR REMOVAL: Lotus Rosedale Date April 29 1938

18. UNDERTAKER: Sol Levinson Bros.

(Address) 1124-26 W North ave

19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to April 28 1938

I last saw h[illegible] alive on April 28 1938 Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral concussion	one
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physic

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

46285

HEALTH DEPARTMENT—CITY OF BALTIMORE

46285

CERTIFICATE OF DEATH

X160-B F 46285

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 25th Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy McCurley

(a) Residence: No. Frederick Road, St., Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Donald C. McCurley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Vaccina E. Carozza

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Donald Charles McCurley
(Address) Frederick + Overbrook Roads

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 29, 38.

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

20. FILED 4 29 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to April 28, 1938.
I last saw he/she alive on April 28, 1938. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	4-28-38
	over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph E. Muse, Jr. M. D.
(Address) St. Agnes' Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16286

CERTIFICATE OF DEATH

107-a F 16286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital 5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Constance Hardison

(a) Residence: No. 1411 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME W W Hardison. W. C

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Ross Va

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Hardison

(Address) 1411 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/30/38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Primary	April 30 1938

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 507 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

46287

CERTIFICATE OF DEATH 34-155 F 46287

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Watts

If U. S. Veteran specify WAR

(a) Residence: No. 621 Cumberland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Watts

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore MD.

13. NAME Samuel E. Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Florence J. Hill

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT John Watts
(Address) 621 Cumberland St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/2 38

UNDERTAKER Thomas E. Kelson
(Address) 1303 Broadway St

APR 29 1938 Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1938 to 4-28 1938

I last saw h.. alive on 4-28 1938 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	4-11-38
Alveolar abscess of Left Jaw	

Other contributory causes of importance:

Was an operation performed? yes Date of 4-27-38

For what disease or injury? Alveolar abscess.

Name of operation Incision & drainage.

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Harris M. D.

(Address) Provident Hosp

46288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46288

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N Fremont St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura C. Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 N Fremont St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 25 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Maryland
(State or country) Carroll Co

12. NAME Williams Frazier

14. BIRTHPLACE (city or town) Maryland
(State or country) Carroll Co

15. MAIDEN NAME Jessetta Dennyseed

16. BIRTHPLACE (city or town) Maryland
(State or country) Carroll Co

INFORMANT Effie Flericks
(Address) 816 N. Fremont Ave.

BURIAL, CREMATION, OR REMOVAL Carroll Co Md.
Place Western Chapel Date April 3 1938

UNDERTAKER Archibald A Geddis
(Address) 2401 N. Carey St.

APR 29 1938 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1938, to 4/27, 1938

I last saw her alive on 4/27, 1938. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
& Acute Bronchitis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Hunter Williams M. D.

(Address) 1132 Park Ave

46289 F 46289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Henry Tyson
(a) Residence: No. 938 Pearl St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) —

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Central District Police Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 29 1938
Commissioner of Health
19. UNDERTAKER Per H. A. Moore
(Address)
Registrar.

29 1938

3973

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Apr 27 1938, that I viewed the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second Degree Burns of Genitalia	Apr 5 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 5 1938
Where did injury occur? 938 Pearl St Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Burns of Genitalia
Nature of injury Carmed

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel Hyde Northrop Coroner, M. D.
(Address) 1331 E Northrop

6290 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 46290

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Hotel 22 E. Fayette St H-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Henry Burton ?
(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Central District Police Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 29 1938
Commissioner of Health
UNDERTAKER Per H. A. Moore
(Address)
29 1938 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) do find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of right temple	4-15-38
3	
Other contributory causes of importance	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 4-15 1938
Where did injury occur? Md Hotel, Baltimore (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Bullet wound, temple
Nature of injury Perforating wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James C. Wolfe M. D.
(Address) 1331 E. Northern Pkwy

52291 F 46291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 949 Hollins St. St., 16th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton W. Ritter

If U. S. Veteran specify WAR

(a) Residence: No. 949 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma R. Tarring

DATE OF BIRTH (month, day, year) Dec. 10th. 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Sydney W. Ritter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna E. Hurtt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

INFORMANT Mrs. Emma R. Ritter
(Address) 949 Hollins St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 4/30/38

UNDERTAKER John J. Coman & Son
(Address) 901 Hollins St.

FILED 4/29 1938 Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 15 . 1938 to April 27 . 1938

I last saw him alive on April 27 . 1938 Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Apoplexy - (Cerebral Hemorrhage)	4/27/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No specify)

(Signed) A. Williams Dupuy M. D.

(Address) 326 W. Lombard St

6292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46292

CERTIFICATE OF DEATH

9513

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Fitzgibbons

(a) Residence: No. 2921 Rosalie Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. (nee Betkey)

6. DATE OF BIRTH (month, day, year) Sept. 10, 1898.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John J. Fitzgibbons

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Johanna Dee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. F. Fitzgibbons
(Address) 2921 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 2/38

19. UNDERTAKER Harry A. Fitzke
(Address) 101 Edmondson Ave.

20. FILED ..... Registrar

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 | 28 | , 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 28, 1938

I last saw him alive on April 8, 1938 Death is said to have occurred on the date stated above, at 4:36 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Subarachnoid)	April 3rd
Other contributory causes of importance: Secondary cerebral hemorrhage	April 15
Hypertension Cardiovasc. disease	April 28 1931

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation SPINAL PUNCTURE Was there an autopsy?

What test confirmed diagnosis .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital.

16293 HEALTH DEPARTMENT—CITY OF BALTIMORE 16293

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Beatrice Russell

If U. S. Veteran specify WAR .....

(a) Residence: No. 7615 River Rd Bowie Md, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 3-11-1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1168

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME Howard Russell

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Sara Marks

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date Mar. 29, 1938

UNDERTAKER C. Wampler

(Address) Washington D.C.

FILED Mar 29 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 4-29, 1938

I last saw her alive on 4-29, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Benign - (Pituitary Tumor)	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 6, 1938

For what disease or injury? Pituitary Tumor

Name of operation Right Craniotomy Removal of Pituitary Tumor Operation

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

F 46294

294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 2353 St., Ward)

Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Smith.

If U. S. Veteran specify WAR.

(a) Residence: No. 1729 Patapsco St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of Mary K. Smith

DATE OF BIRTH (month, day, year) June 9, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting decorator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4053

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary K. Smith.(wife)

(Address) 1729 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 30 1938

19. UNDERTAKER A. Boyd & Sons

(Address) 1400 N. Charles St.

20. FILED 1938 Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, ~~that I viewed the remains thereof~~ autopsy & inquest (Inquest, Autopsy or Inquiry) ~~and that I have attended deceased from~~ autopsy & inquest (Inquest, Autopsy or Inquiry) ~~that said deceased came to~~ his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to stab wound of the abdomen.	
Homicide.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/8/38, 19

Where did injury occur? in front of 114 Market Pl (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place.

Manner of injury Stabbed by pocket knife

Nature of injury Stab wound of abdomen.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. M. Leonard M. D.

Coroner

4/29/38 (Address) 1017 S. Charles St.

F 46295

HEALTH DEPARTMENT—CITY OF BALTIMORE

6295

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Katherine Saverese

If U. S. Veteran specify WAR .....

(a) Residence: No. 13 N. Kresson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of August

DATE OF BIRTH (month, day, year) 11/16/1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	56	5	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

9. Date deceased last worked at this occupation (month and year) .....

10. Total time (years) spent in this occupation .....

11. BIRTHPLACE (city or town) (State or country) Italy

12. NAME Michael Puonocore

13. BIRTHPLACE (city or town) (State or country) Italy

14. MAIDEN NAME Madeline Negolette

15. BIRTHPLACE (city or town) (State or country) Italy

16. INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/30 19 38

18. UNDERTAKER John E. Connelly

(Address) Essex Md.

19. FILED 19 38 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from April 19 19 38 to April 27 19 38

I last saw her alive on April 27 19 38 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4-18-38

Other contributory causes of importance: none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. de Soulbe M. D.

(Address) Baltimore City Hospitals

E 46296

5296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F/117-a 15099--rhw

26-12

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

Length of residence in city or town where death occurred yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William J. Johnson Bltd & Ind

(a) Residence: No. 9 Woodbine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 5/15/1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Theodora Wagener

16. BIRTHPLACE (city or town) (State or country) Denver

INFORMANT B.C.H. records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cat Lawn Date 4/30 19 38

UNDERTAKER John G. Connelly
(Address) Essex Md.

FILED 19

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to April 27, 1938

I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at 2.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease Unknown	
Other contributory causes of importance:	
	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

F 16297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Odell Satterfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 N. Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Major Satterfield.

6. DATE OF BIRTH (month, day, year) 12-7-16

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Bennie Rodgers

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Alice Pettiford

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Roxboro N. C. Date April 30 1938

19. UNDERTAKER Adolphus Hallroad
(Address) 1718 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1938 to 4-27 1938

I last saw h.. alive on 4-27 1938 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Feb. 1938
Other contributory causes of importance:	
	about

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Futcher, M. D.

(Address) Johns Hopkins Hospital

6298 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46298

CERTIFICATE OF DEATH

166-2

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1753 N Gay St St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Margt rel A Moreland

If U. S. Veteran specify WAR

(a) Residence: No. 1753 Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert M Moreland

DATE OF BIRTH (month, day, year) Nov 18 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5	3 10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Baltimore
(State or country)

12. NAME Archer Hilditch

13. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Eva Hartung

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Robert M Moreland
(Address) 1753 Gay St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 30 1938

UNDERTAKER John Ullrich
(Address) 2008 Orleans St

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 1938 to April 28 1938

I last saw h[illegible] alive on April 27 1938, Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Toxic thyroid	
Acute myocarditis	4 D 1/2
Other contributory causes of importance:	
Thyroidectomy	1932
Hypertension	?

Was an operation performed? Yes Date of 1932

For what disease or injury? Toxic thyroid

Name of operation Thyroidectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. P. Libarky M. D.

(Address) 2929 Fairfield Ave

F 46299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Voluntown) (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Barnes (Twin) 2 If U.S. Veteran specify WAR

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	premature

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 29, 1938

AGE Years	Months	Days	If LESS than 1 day hrs. or 5 min.
5 mo.	Premature		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME William Jacob Barnes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Virginia Taylor

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT mother

(Address) 1243 Lebenden St

BURIAL, CREMATION, OR REMOVAL State Board Health Date 4/29/38

Commissioner of Health

UNDERTAKER Per H. A. Moore

(Address)

FILED [illegible] Registrar

1938 3775 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to April 29, 1938

I last saw him alive on April 29, 1938, Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
5 mo. premature	

Other contributory causes of importance:

acute hydramnios

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) 418 W. Lexington St

Vet. of America Hosp.

E 36300

6300 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteer of America Hosp St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 2 yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Barnes (twin Chesley)

If U.S. Veteran specify WAR .....

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced: HUSBAND of (or) WIFE of 5 mo. premature

6. DATE OF BIRTH (month, day, year) April 29, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.
	5 mo.	premature	5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME OF FATHER William Jacob Barnes
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME OF MOTHER Virginia Taylor
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother (Address) 1749 Chesley Sq.

18. BURIAL, CREMATION, OR REMOVAL State Board Health Date 4/29/38 19

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. 1938 ..... Registrar.

3976 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to April 29, 1938
I last saw him alive on April 29, 1938, 45 M. Death is said to have occurred on the date stated above, at 2 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 mo. premature	

Other contributory causes of importance: acute hydramnios

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Leonard McHummel M. D.

(Address) 416 W. Lexington St.

Vol. of America Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6301 — F 46301

CERTIFICATE OF DEATH

87-a

97-14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ..... Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME MR PERCY FAVOR BICKNELL

(a) Residence: No. 112 Hawthorne Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	W	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Constable

6. DATE OF BIRTH (month, day, year) Dec. 29 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publishing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME of Father Bicknell

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME of Mother Maria Tobey

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs. Florence Bicknell
(Address) 112 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 30, 1938

19. UNDERTAKER John F. Mitchell Sons
(Address) 900 Edmondson Ave.

20. FILED APR 30 1938 H. Whitney, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1938 to April 29 1938

I last saw him alive on April 29 1938. Death is said to have occurred on the date stated above, at 10 2/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-27
Arteriosclerosis	(?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Ellis M. D.

(Address) Union Memorial Hospital

6302

HEALTH DEPARTMENT—CITY OF BALTIMORE 6302

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hospitals St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Woodhouse

If U. S. Veteran specify WAR

(a) Residence: No. 3408 W. Belvedere Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 10/19/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

12. NAME William Wilson

13. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

15. MAIDEN NAME L.V. KNEASS

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Rockwood Ames Phila Pa Date April 29 1938

UNDERTAKER John T. Mitchell
(Address) 710 Eutaw Pl.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24 1938 to April 29 1938

I last saw her alive on April 29, 1938. Death is said to have occurred on the date stated above, at 10:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance: Pulmonary embolism	4-24-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

ACo. 5-31 250B

F 46303

HEALTH DEPARTMENT CITY OF BALTIMORE

303

CERTIFICATE OF DEATH

1 95-B

1. PLACE OF DEATH

Registered No. 1256

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2643 N. Charles St., (12th Ward)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Thomas Smith Dunbar.

(a) Residence: No. 144 Audubon Avenue St., Ward New York City N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Louise Dunbar

DATE OF BIRTH (month, day, year) Aug 29th 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9 mos	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery business
10. Date deceased last worked at this occupation (month and year) 1 ~~Sept~~ 14 days
11. Total time (years) spent in this occupation 18 yrs.

BIRTHPLACE (city or town) (State or country) Ellenton S. Carolina

12. NAME Frank Dunbar

14. BIRTHPLACE (city or town) (State or country) Ellenton S. Carolina

15. MAIDEN NAME Edna Bailey

16. BIRTHPLACE (city or town) (State or country) Ellenton S Carolina

INFORMANT Mrs. Helen Louise Dunbar

(Address) 144 Audubon Ave New York City

BURIAL, CREMATION, OR REMOVAL

Place New York City Date April 29 1938

UNDERTAKER Geo. L. Beyer Jr

(Address) 1417 Holden St

1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28 1938 to April 29 1938

I last saw h[illegible] alive on April 29 1938 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Rheumatic Heart Disease	many years duration
Decompensation Regurgitation	Feb 1938
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathaniel McBeck M. D.

(Address) 2727 N. Charles St.

E 16304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harold Sterling

(a) Residence: No. 704 Main St. St., Ward Crisfield Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 7 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Band Leader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Sterling

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Angeline Sterling

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Crisfield Cem. Md. Date May 2, 1938

UNDERTAKER I. S. Lawson
(Address) Crisfield, Md.

FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/27/38, 19 to 4/29/38, 19

I last saw [illegible] alive on 4/29/38. Death is said to have occurred on the date stated above, at 2:01 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension CVD	
Decompensation	
Bronchopneumonia	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W E Barkley M. D.

(Address) Princess Anne Md

16305 STATE OF MARYLAND—CERTIFICATE OF DEATH F 16305

PLACE OF DEATH

County Baltimore Co. Registration Dist. No.

Village or City Baltimore Md. No. 2625 N. Hilton St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME William C. Keefer

(a) Residence: No. 2625 N. Hilton St. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edith Natalie Keefer

7. DATE OF BIRTH (month, day and year) Dec 15 - 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	13	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Union Bridge Md Frederick Co

13. NAME OF FATHER George Washington Keefer

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME OF MOTHER Sarah Perry

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Harold Keefer (Address) 3010 Christopher Ave Balt

18. BURIAL, CREMATION, OR REMOVAL Union Bridge, Md.

Place My Lodge Date May 1 1938

19. UNDERTAKER Raymond S. Wright (Address) Union Bridge Md

19 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. 28 (Month) (Day) 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15 1938 to Apr 28 1938

I last saw h alive on Apr 28 1938, death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage with Arteriosclerosis

Date of Onset 4/28/38

Other Contributory Causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cole M.D.

(Address) 2207 Gorsuch Ave Balt

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

B 46306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 7-5 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. Randolph Dell

If U. S. Veteran specify WAR

(a) Residence: No. 10 Decatur St. St., ____ Ward. Cottage City ~~Prince G.~~ Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 2-7-70

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ga

12. NAME Frederick Dell

13. BIRTHPLACE (city or town) (State or country) Ga

14. MAIDEN NAME Octavia Douglass

15. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Rockville Md Date Apr 29 1938

UNDERTAKER Harry Mohler
(Address) Rockville Md

FILED ____ 19 ____

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1938 to Apr 29, 1938

I last saw him alive on Apr 29, 1938 Death is said to have occurred on the date stated above, at 7.55 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 4/24/38
Benign Prostatic Hypertrophy — ?
Urinary Tract Infection — ?

Other contributory causes of importance: Arteriosclerosis — Unknown

Was an operation performed? no Date of ____

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

no If so, specify ____

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

307 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16307

CERTIFICATE OF DEATH

92-a

8-6

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1708 North Castle St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marjanna Tanski

(a) Residence: No. 1708 North Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wicenty Tanski

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Ben Tanski, Son 1708 No. Castle Street

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem April 30 1938

19. UNDERTAKER (Address) John M. Weber 1401 E. Chester Ave

20. FILED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25 1938 to April 26 1938

I last saw h[illegible] alive on April 25 1938 Death is said to have occurred on the date stated above, at 4. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	4-25
Other contributory causes of importance: Valvular Heart Disease.	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob L. Schmuck M. D.

(Address) 30 S. 01 Way

HEALTH DEPARTMENT—CITY OF BALTIMORE

6308 6308

6145--rhw 122-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Kendzior

(a) Residence: No. 712 S. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) March 15 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Stepnoski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C.H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 30 1938

19. UNDERTAKER Mary Weber
(Address) 401 E. Chester St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1938 to 4-27, 1938

I last saw him alive on 4-27, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri urethral abscess	Contracted few days
Urinary Extravasation	
Other contributory causes of importance:	
Bilateral Inguinal Hernia	Unknown

Was an operation performed? yes Date of 4/2/38 - 4/23/38

For what disease or injury? (1) Hernia (2) urinary Extravasation

Name of operation (1) Herniaplasty (2) Supra pubic cystostomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

E 46309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Neal Jenkins

(a) Residence: No. 1 Dairy Ave, English Consul, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~or WIFE~~ of: Anna Jenkins

6. DATE OF BIRTH (month, day, year) May 11, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ethel Va Virginia

13. NAME Mr. Carter Jenkins

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Esther Richards

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Arthur N. Jenkins
(Address) 1 Dairy Ave English Consul Md

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 2 1938

UNDERTAKER Margaret G. Gibson
(Address) 2107 N. Fulton Ave.

FILED ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-38. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20. 1938 to 4-29 1938

I last saw him alive on 4-29. 1938 Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertensive Cardiovascular Disease

Date of onset 4-24-38 ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J Shumanek M. D.
(Address) St Agnes Hospital.

6310 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16310

CERTIFICATE OF DEATH 36

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR World War
2. FULL NAME Joseph F. Gill
(a) Residence: No. 1004 Riverside Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Dunn Gill

DATE OF BIRTH (month, day, year) Jan. 18, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 3-4	3	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.
10. Date deceased last worked at this occupation (month and year) March 1938
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Quebec, Canada

13. NAME Matthew Gill
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME Wilhelmina ?
16. BIRTHPLACE (city or town) (State or country) unknown
INFORMANT (Address) Records - U.S. Marine Hospital, Baltimore, Md.
BURIAL, CREMATION, OR REMOVAL
Place Western Date May 2, 1938
UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St
FILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to April 29, 1938
I last saw him alive on April 29, 1938 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal septicemia	4-24-38
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) K. K. Bryant, M. D.
(Address) U.S. Marine Hospital, Balto. Md.
2/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

46311 F 46311

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Edgewood Nursing Home
CITY OF BALTIMORE: (No.) 6000 Belona Ave 27-11 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 9 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Hunte muller Jr.
If U. S. Veteran specify WAR

(a) Residence: No. 1406 Woodford Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver factory
10. Date deceased last worked at this occupation (month and year) June 1937
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry W. Hunte muller

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary R Schumacher

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 30 1938

UNDERTAKER McCulloch-Oulhard Co
(Address)

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Apr 28, 1938
I last saw him alive on Apr 28, 1938 Death is said to have occurred on the date stated above, at 8 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the urinary bladder	1931

Other contributory causes of importance:
none

Was an operation performed? Yes Date of
For what disease or injury? Ca of urinary bladder
Name of operation Ureters sigmoid Coloney Bilat
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd T. Lewis, M. D.
(Address) Medical Arts Bldg

:312 HEALTH DEPARTMENT—CITY OF BALTIMORE 6:312

CERTIFICATE OF DEATH

194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Park Ave St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine D. Brown

(a) Residence: No. 859 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of

DATE OF BIRTH (month, day, year) May 12 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 74	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Sewell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Russell Blake

(Address) 19-21 South St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 30 1938

UNDERTAKER Henry W. Jenkins & Son & Edward W. Slaght

(Address) Huntington Williams, Inc.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Ap. 25 1938 to Ap. 28 1938

I last saw h alive on Ap. 28 1938. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	24 hrs.
Other contributory causes of importance:	
Pulmonary edema (acute congestive heart failure)	10 hrs.

Was an operation performed? yes Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ob. & Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John T. Owens M. D.

(Address) 804 Cathedral St

F 46313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Andre St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lizzie Schumacher

If U. S. Veteran specify WAR Record

(a) Residence: No. 1316 Andre St., ... Ward. .....

(Usual place of abode) 20 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Phillip Schumacher

7. DATE OF BIRTH (month, day, year) October ? 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 5/23/38

11. Total time (years) spent in this occupation ✓ 0

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Seebold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Roth

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Morgan

(Address) 2736 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Elder Hill Date April 30 38

UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

FILED ..... Registrar

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23. 1938 to April 28. 1938

I last saw her alive on April 28. 1938 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2 d.
Cerebral Hemorrhage	2 d.
Hypertension, Arteriosclerosis	65 d.
Other contributory causes of importance: Chronic Interstitial Nephritis	65 d.

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Unusually copious Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hereford Rd

F 46314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Homewood Ave, 9-9 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Colbert

(a) Residence: No. 1304 Homewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Colbert

6. DATE OF BIRTH (month, day, year) May 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) April 1938

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Molloy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Dodd

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Colbert Ward

(Address) 1304 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem. May 2, 1938

19. UNDERTAKER Edgar W. Conkling Son

(Address) 924 E. Eager St.

19 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938, to Apr 28, 1938

I last saw her alive on Apr 28, 1938 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/25/38
Other contributing causes of importance: Arteriosclerosis, Generalized	1923

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Wm. R. Grayley M. D.

(Address) 10 E. Biddle St

F 46315

6315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Linden Ave. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton H. Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 2240 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 13, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

13. NAME Sam Mitchell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Frieda Bash

16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

INFORMANT (Address) Mrs. Nellie Mitchell, New York City.

[illegible] REMOVAL
Place Adath Jeshurim Cem. 5/1/ 38
Phila. Pa.

UNDERTAKER (Address) Hart Sonderman & Son 1902 Eutaw Place.

FILED Huntington Williams, Agt.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to April 28, 1938.

I last saw h[illegible] alive on April 27, 1938. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (thrombus)	April 28 1938
Other contributory causes of importance: Angina pectoris (Coronary disease)	
Onset & Symptoms	April 1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis I. Hamburger, M. D.

(Address) 1207 Eutaw Place.

...c.—1-30—M. & T.—250 Blks

✓ F 46316

46316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Fairbank Road ST., 27-15 WARD)

2-FULL NAME T. Gaither Clist

(a) RESIDENCE NO. 1821 Fairbank Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 23 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Roland Park Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm C Clist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisiana

12 MAIDEN NAME OF MOTHER Emma Gaither

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Eleanor O Clist

(Address) 2029 Eutaw Place Balt. Md

Huntington Williams, M.D. Registrar

1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4. 27. 1938

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Apr. 27, 1938,

that I last saw him alive on Apr. 27, 1938

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Initial Regurgitation, Hypertrophy of heart, with acute decompensation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy heart

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray

(Signed) C. H. Beeler, M. D.

4.27, 1938 (Address) 711 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Apr 30 1938

20 UNDERTAKER John Mitchell Sons — ADDRESS Gay & Eutaw Sts

F 46317

HEALTH DEPARTMENT—CITY OF BALTIMORE

46317

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lee

(a) Residence: No. 1109 Mc Leington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elijah Lee

DATE OF BIRTH (month, day, year) 1-4-69

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland-

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Elizabeth Suter

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 2 1938

UNDERTAKER Sam'l H. Chase & Son

(Address) 638 N. Gilmor St

FILED ..... 19..... Registrar.

1938 Hastings Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1938, to 4-28, 1938

I last saw h alive on 4-28 1938 Death is said to have occurred on the date stated above, at 4 30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Large Bowel — Date of onset .....

Other contributory causes of importance:

P.U. complications

Ecchymosis arm

Was an operation performed? yes Date of 4-7-38

For what disease or injury? Ca

Name of operation Resection of Carcinoma

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) John L. Lemon, M. D.

(Address) Johns Hopkins Hospital

6318 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46318

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 So Clinton St., 26-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Frabek Skrabek. If U. S. Veteran specify WAR War

(a) Residence: No. 613 So. Clinton St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine Frazier

7. DATE OF BIRTH (month, day, year) April 2, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Emil Chas. Skrabek.

14. BIRTHPLACE (city or town) (State or country) Czekoslovakia

15. MAIDEN NAME Novaček

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

INFORMANT Catherine Skrabek wife

(Address) 613 So. Clinton St.

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 5/2/38

Place

UNDERTAKER Charles E. Schnepfe

(Address) 2603 E. Madison St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 37 to April 28, 38

I last saw him alive on April 27, 38 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr
Other contributory causes of importance: Chron. Nephritis	1 yr

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

31. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. L. Berry M. D.

(Address) 611 N. Linwood Ave

6319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46319

CERTIFICATE OF DEATH

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Lewis

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Blake

DATE OF BIRTH (month, day, year) Oct. 31-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Rockville, (State or country) Balt. Md.

13. NAME William Lewis

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Nancy Cook

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor, city

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug. 30 1938

UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

Aug 30 1938 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 19 38, to Apr. 29, 19 38

I last saw h alive on Apr 23, 19 38 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis	
Other contributory causes of importance: Senility	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation Paracentesis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. B. A. Corkran M. D.

(Address) 1122 Hollins St.

E 16320

320) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210M

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Ward) 4-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James R. Harding
(a) Residence: No. Sykesville Md. Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Chas. Harding
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Lewella Dorsey
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT John Harding Sykesville Md
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Cem. Date May 2 1938
19. UNDERTAKER Harry Weber Sykesville Md.
(Address)

Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1938
22. I HEREBY CERTIFY, That I last saw the deceased alive on
(Inquest, Autopsy or Inquiry)
and that said deceased came to his death on the day stated above.
Attended by said
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Trauma	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident April 29. 1938
Where did injury occur? Mrs. Wentzel's Woods
(Specify city or town, county, State)
Specify whether injury occurred in industry, in home, or in public place Road
Manner of injury Struck by Auto while was lying in Road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Talbert M. D.
Coroner
(Address) 2707 Ormond

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46321 — CERTIFICATE OF DEATH — 112 F 46321

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Belnord Ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry (Or) Andrzej Pruchniewski

(a) Residence: No. 602 South Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of XXXXXXX Anna Pruchniewski

DATE OF BIRTH (month, day, year) 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bough Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Martin Pruchniewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Maryanna Kunieczna

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Anna Pruchniewski (Wife)
(Address) 602 South Belnord Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem, Date May 3rd 1938

UNDERTAKER George A. Weber
(Address) 705 S. Ann st

Hamilton Williams, M.D.
Registrar.

FILED APR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29th. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27. 1938 to April 29. 1938

I last saw h[illegible] alive on April 29 1938 Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Bronchial Asthma
Pulmonary Oedema

Date of onset

(Other contributory causes of importance)

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kunieczna M. D.

(Address) 2579 Eutaw

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E 46322

46322

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Calvert St. 11-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Ford Massey

(a) Residence: No. 1017 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Herman Biddle Massey

DATE OF BIRTH (month, day, year) Aug 8, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarding House 1880

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1938

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Ford's Landing Cecil County Md.

13. NAME Stephen Hyland Ford II

14. BIRTHPLACE (city or town) (State or country) Ford's Landing Cecil County Md.

15. MAIDEN NAME Lenette Anne Ellison

16. BIRTHPLACE (city or town) (State or country) Delaware.

INFORMANT (Address) Stephen Hyland Ford III Mayo, Md.

BURIAL, CREMATION, OR REMOVAL Place Earleville-Cecilton. Date May 1 1938

UNDERTAKER (Address) Wm. J. Tuckner & Sons Howell's Point Ave

FILED 19 Harrington Delaware, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to April 29 1938

I last saw h-r alive on April 29 1938 Death is said to have occurred on the date stated above, at 9.18 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro-Sarcoma, Left Thigh	Oct. 1936
Other contributory causes of importance: Metastasis to Skull	Jan 1938
" to Lung	" 1938

Name of operation Biopsy of Metastasis to Skull Date of Jan 19, 1938

What test confirmed diagnosis? Pathological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46323

CERTIFICATE OF DEATH

46323 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3825 Bel Air Road St., 36-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Donna Louise Gorman Hoyt

(a) Residence: No. 3825 Bel Air Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of Dr. Ralph L. Hoyt

6. DATE OF BIRTH (month, day, year) Sept 19th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William G. Gorman Sen.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Fannie Evans

16. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

17. INFORMANT Mrs. Frank J. Novak

(Address) 3825 Bel Air Road.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date April 30th 38

UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 1936, to Apr. 28, 1938

I last saw her alive on Apr. 28, 1938. Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	about 1915
Other contributory causes of importance: Uremia.	prob

Was an operation performed? no Date of ---

For what disease or injury? ---

Name of operation ---

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edward Novak M. D.

(Address) 101 W. Read St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46324 — 46-c F 46324

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 N. Fulton Avenue St. 15-4 Ward)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 27 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cora Estella Bowen

(a) Residence: No. 2007 N. Fulton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) August 3rd 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME George W. Bowen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Charlotte Wilk

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

INFORMANT Mr. Harry E. Bowen

(Address) 2007 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 2nd 1938

UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

FILED Huntington Williams, M.D. Registrar.

APR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1-37 to April 24/38 19..

I last saw h.. alive on April 24/38 Death is said to have occurred on the date stated above, at 6.25A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Duration Sept 1-37

Other contributory causes of importance: Cardiac Changes — 3 Yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Coton M. D.

(Address) 1 W Mt

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46325 — CERTIFICATE OF DEATH — 131 — F 46325

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2401 Roslyn Ave Ward) 15-8
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Howard
If U. S. Veteran specify WAR

(a) Residence: No. 2401 Roslyn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lilly M. Howard

DATE OF BIRTH (month, day, year) Feb. 12 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Benj. Howard

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Ethel Howard
(Address) 2401 Roslyn ave

BURIAL, CREMATION, OR REMOVAL
Place London Park May 2 1938

UNDERTAKER Wm H. McKewen Dead
(Address) North & Pa aves.

APR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1937 to April 28 1938

I last saw ~~him~~ alive on April 28 1938. Death is said to have occurred on the date stated above, at 10.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1927
Cardiac hypertrophy	1934
Chronic interstitial nephritis	1934
Other contributory causes of importance:	
Pneumonia.	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helmut J. Pussmann M. D.

(Address) 6 East Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B F 46326

F 46326

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4112 Falls Rd St., 13-8 Ward)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara E Shaffer

(a) Residence: No. 4112 Falls Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Shaffer

DATE OF BIRTH (month, day, year) May 30 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Thomas A Butler

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Estella Apt (Address) 4112 Falls Road

BURIAL, CREMATION, OR REMOVAL Loudenville Md Co
Peters Cem. Hoffmanville Md Date 3-31 19 38

UNDERTAKER Frank Lee Apt Co
(Address) 1336 St.

FILED MAR 30 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 18 1938 to Apr 29 19..

I last saw h[illegible] alive on Apr 28 1938. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	4/17/38
Left sided hemiplegia	
Other contributory causes of importance:	
Cystic sclerosis	2 yrs ago

Was an operation performed? ... Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) N G Jones M. D.

(Address) 2818 St Paul

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 16327 — Registered No. F 16327

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 828 Edmondson Ave. St., 17th Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
U. S. Veteran
specify WAR

2. FULL NAME Mrs. Bell Trinkly Taylor
(a) Residence: No. 828 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Taylor.

6. DATE OF BIRTH (month, day, year) Sept. 20 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbert Co. Md.
13. NAME Edward Giles
14. BIRTHPLACE (city or town) (State or country) Exeter Co. Va.
15. MAIDEN NAME Lucinda Bagsby
16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.
17. INFORMANT Rufus M. Taylor Husband
(Address) 828 N. Edmondson Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date May 2, 1938
19. UNDERTAKER Mrs Katie R. Williams
(Address) 3228 Schroeder St.

APR 30 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an ... (Inquest, Autopsy or Inquiry) find that said deceased came detained by said ... (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of large intestine.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ... Date of ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ivan Adams M. D.
Coroner
(Address) 1212 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44198

F 16328

CERTIFICATE OF DEATH

23 F 16328

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 19-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Estelle Alston

If U. S. Veteran specify WAR .....

(a) Residence: No. 32 N. Bruce St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 5, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Wallace Alston

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Johnston

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 1, 1938

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

FILED APR 30 1938 19 Huntington Wilhelm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1938 to 4-28, 1938

I last saw her alive on 4-28, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Meningitis	1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H. Hurley, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46329 — 11-B F 46329

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Broad St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard V. Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 1124 Broad St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Ri	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bonnie V. Hopkins

DATE OF BIRTH (month, day, year) April 6 88

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland Md

13. NAME OF FATHER Howard Hopkins

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Susie Parsons

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Bonnie V. Hopkins

(Address) Eldridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md Date April 30, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder Ste.

20. FILED APR 30 1938 Registrar

Hearing to Friends 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-5-38 . 19 . to 4-27-38 . 19

I last saw h alive on 4-26-38 . 19 . Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 3 1/2 yrs — Date of onset

Other contributory causes of importance:

Dyspepsia

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 424 Monroe

HEALTH DEPARTMENT—CITY OF BALTIMORE

46330

CERTIFICATE OF DEATH

93 c F 46330

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 7-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catherine Lopez

If U.S. Veteran specify WAR _____

(a) Residence: No. 638 McKeown Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Lopez

DATE OF BIRTH (month, day, year) 10-10-89

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles Cross

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Catherine Bryan

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Records

(Address) Baltimore City Hospital

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date May 2, 1938

UNDERTAKER Chenowith & Sons

(Address) 3615-17 Eastern Ave

FILED APR 30 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-14-38, 19, to 4-29-38, 19

I last saw her alive on 4-29-38, 19 Death is said to have occurred on the date stated above, at 2:05P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - chronic myocarditis - cerebral hemorrhage	Prior to admission
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmuck, M.D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46331

CERTIFICATE OF DEATH

F 46331

1. PLACE OF DEATH St. Agnes Hospital 20-3 59 Registered No.

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Philip Schmitt

If U. S. Veteran specify WAR

(a) Residence: No. 1927 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of mrs. Charlotte Schmitt

DATE OF BIRTH (month, day, year) Jan 3, 1888

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seafood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Rudolph Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Stengler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charlotte M. Schmitt

(Address) 1615 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4-30 1938

UNDERTAKER Frederick A Cole

(Address) 1200 W. Lombard St

Filed 19 Registrar.

0 1808 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1938 to 4-27 1938

I last saw h. / m alive on 4-27 1938 Death is said to have occurred on the date stated above, at 9 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Disseminated Bronchopneumonia.	4-19-38
Arteriosclerotic Degenerative Cardiovascular Disease	?

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J Shingaufer, M. D.

(Address) St Agnes Hospital.

6332 E 16332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 171

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home 3801 Fait Ave St., 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lou. C. Mayr

(a) Residence: No. 3801 Fait Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Mayr

7. DATE OF BIRTH (month, day, year) April 8 [illegible]

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		7 6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Nicolas Schuster

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babetta Trick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lou. C. Mayr (Address) 3801 Fait Ave Balto

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date May 2nd 1930

19. UNDERTAKER Geo M. Fenton Son (Address) 811 Lanvale St

20. FILED 19 Registrar

1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 7 1930
Immediate cause	
Contributory causes of importance:	
Melancholia Chronic	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. C. Wood, M. D. Coroner

(Address)

6333 F 46333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Jones

If U. S. Veteran specify WAR

(a) Residence: No. 535 Gold St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/25/38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

13. NAME Lester Taliaferro

14. BIRTHPLACE (city or town) unknown (State or country)

15. MAIDEN NAME Louise Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT B.C.H. records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto. City Hosp. Date 4-27 — 1938

UNDERTAKER Hospital disposal by cremation
(Address)

1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1938, to 4/27, 1938

I last saw him alive on 4/27, 1938. Death is said to have occurred on the date stated above, at 4:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Shock & Hyaline Membrane	4/26
Atelectasis & Hemorrhage.	4/27
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Goodfriend M. D.

(Address) Balto. City Hospitals

16334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16334

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 502 Laurens St., 14-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Jennie B Marshall
(a) Residence: No. 502 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Compton

7. DATE OF BIRTH (month, day, year) Jan 12 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.
13. NAME Churchill Holmes
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Susan Lowry
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Compton Marshall
(Address) 502 Laurens St
18. BURIAL, CREMATION, OR REMOVAL
Place Chas. Hill ? Date April 30, 1938
19. UNDERTAKER George H. Holland
(Address) 1631 Druid Hill Ave
20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1938, to 4/27, 1938
I last saw h[er] alive on 4/25, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis & Contr Insufficiency	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) B. W. R. Carter, M. D.
(Address) 2134 Druid Hill Ave

1938

6335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 46335

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Washington Porter — If U. S. Veteran specify WAR
(a) Residence: No. 137 Winters Ave (St.) Catonsville, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola E. Porter

DATE OF BIRTH (month, day, year) Jan 7 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. construction
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME OF FATHER Thomas Porter
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME OF MOTHER Viola E. Stewart
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Viola E Porter
(Address) 137 Winters Ave
18. BURIAL, CREMATION, OR REMOVAL Western Star Cem Date May 1938
19. UNDERTAKER Azariah Hillstead
(Address) 1133 Druid Hill Ave

20. FILED ... 19... Registrar.

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1938
22. I HEREBY CERTIFY, That I attended deceased from 4-19-1938 to 4-27-1938
I last saw him alive on 4-27-1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Hypertensive cardio vascular - renal disease	1936
Other contributory causes of importance: none	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.
(Address) 515 Marben Rd

46336 HEALTH DEPARTMENT—CITY OF BALTIMORE 46336

CERTIFICATE OF DEATH

√108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1344 Division St., 17-2 Ward)
Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Toney
If U. S. Veteran specify WAR

(a) Residence: No. 1344 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): May 1, 1880
7. AGE: Years 57; Months 11; Days 28; If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 307
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Va
13. NAME: Redie Robison
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Rachel Robison
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Mrs Lydia Booze
(Address) 1344 Division St
18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn
Date May 2 ... 1938
19. UNDERTAKER: Robt Grimes & Son
(Address) 1516 Pennsylvania Ave.
20. FILED May 2 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 20 1938 to April 28 1938
I last saw her alive on April 28 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance: ?	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Edw. F. Wheatley M. D.
(Address) 1220 Druid Hill Ave

M. D. B. 1958

F 46337

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46337

CERTIFICATE OF DEATH

1. PLACE OF DEATH Prov. Bair Squad Hospital — Registered No. 4795-B

CITY OF BALTIMORE: (No. ____ St., 19-37 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Henry N. Spicer

(a) Residence: No. Ferndale, Md. St., ~~Ward.~~ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carl B. Spicer

6. DATE OF BIRTH (month, day, year) March 21, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~16~~ 11

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME Wm. I. Spicer

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Emma Obegath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul B. Spicer

(Address) Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL Middletown Balto Co Md Date May 3, 1938

19. UNDERTAKER (Address) C. N. Trabert Ferndale Balto Co Md

-1938

20. FILED ____ By ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-38

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 4-29, 1938

I last saw him alive on 4-29, 1938 Death is said to have occurred on the date stated above, at 12 midnight.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Gen. arterio sclerosis
Hypertension Cardio
Vascular disease

Date of onset

Other contributory causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) ____ M. D.

(Address) ____

F 46338

6338 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15½ W Mt Royal Ave St. 14-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Georgine M. Willey

(a) Residence: No. 15½ W Mt Royal St., Ward. Life

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar R. Willey

DATE OF BIRTH (month, day, year) Oct 29-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Charles M. Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Catherine Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Oscar R. Willey

(Address) 15½ W Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 2nd 1938

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED May 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to April 29, 1938

I last saw h.. alive on April 29, 1938 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown Suggested metastasis of Pelvis	?
Other conditions contributing importance:	

Was an operation performed? Yes Date of Sept 30 1937

For what disease or injury? Hysterectomy for Cancer

Name of operation? C.B. Thomson

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.B. Thomson M. D.

(Address) 829 N Charles St

C.B. Thomson

46339 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46339

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. .... St. 15-6 Ward)

Length of residence in city or town where death occurred 41 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME John T. Nixon

(a) Residence: No. 3024 Westwood Ave., Balto., Md. St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Talbott Nixon

DATE OF BIRTH (month, day, year) June 17, 1896

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assisting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bresman Co. [illegible]

10. Date deceased last worked at this occupation (month and year) April, 1938

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Nixon

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie M. Lusby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place U.S National Date May 3, 1938

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

FILED .... 19.... Registrar.

-1938 Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 29, 1938

I last saw him alive on April 29, 1938 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

Fever, cause unknown — Date of onset February 1938 ovr

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation clinical

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
no ....If so, specify ....

(Signed) T. M. N. Anderson. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RLL/6

6340

E 46340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hosp. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Williamson

(a) Residence: No. 1455 Boyle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Williamson

6. DATE OF BIRTH (month, day, year) Jan 20 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H X Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gottlieb Ponoolski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia M. Gibson

(Address) 1455 Boyle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 2nd 1938

19. UNDERTAKER William Cook

(Address) 129 St Paul Street

FILED 5-1-1938 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Internal Injury	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. April 29, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. crossing street

Nature of injury at Fort Av. & Woodall St.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. K. Allen Coroner, M. D.

(Address) 2757 Belmont Ave

F 46341

46341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1938

19. UNDERTAKER

(Address)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

MAY 1-1938

46342 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46342

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt Gen'l Hosp St., 15-2 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Davis

(a) Residence: No. 1703 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): ? 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia.

13. NAME Clara Davis

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Miss Edna Davis

(Address) 1703 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date May 1, 1938

19. UNDERTAKER Sol Levinson & Bro

(Address) N 24-26 W North ave

20. FILED ..... 19.....

Registrar.

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1938, to 4-30, 1938

I last saw h... alive on 4-29, 1938 Death is said to have occurred on the date stated above, at 12,10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-27-38
Myocardial failure	?

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abraham Levin, M. D.

(Address) W 8-41

F 46343

46343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #32823 SP

CERTIFICATE OF DEATH √123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 96-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Kure or Kurie

(a) Residence: No. 3916 Foster St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of Anna
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/21/1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria-Hungary
(State or country)

13. NAME Samuel

14. BIRTHPLACE (city or town) Austria-Hungary
(State or country)

15. MAIDEN NAME Julia Hodivot

16. BIRTHPLACE (city or town) Austria-Hungary
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 2 . 19 38

UNDERTAKER John Albert
(Address) 20 E Biddle

FILER Helen Winner Witness N.P.
(Signature)

5-1-1938 O K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/25 . 19 38 to 4/27 . 19 38

I last saw h.... alive on 4/29 . 19 38 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/25/38

For what disease or injury? Mesenteric Thrombosis

Name of operation Invagination gangrenous gut

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

6344

HEALTH DEPARTMENT—CITY OF BALTIMORE

46344

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Maisel St., Westport 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Seifert

(a) Residence: No. 2802 Maisel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Seifert

DATE OF BIRTH (month, day, year) Sept 12-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner (Pensioned)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Henry Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Augusta Seifert
(Address) 677 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date May 2 1938

19. UNDERTAKER George V. Zinkan
(Address) 1137 E. Eager St.

20. FILED 5-1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938 to April 28, 1938

I last saw h.IM alive on April 28, 1938 Death is said to have occurred on the date stated above, at 10-25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/23/38
Other contributory causes of importance: Exhaustion	4/27/38

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If yes, how?

(Signed) H. L. Campbell M. D.

4/29/38 (Address) 1644 Hanover St

6345 ✓ F 46345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6 cc

Registered No. 872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3404 Mt. Pleasant Ave. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. veteran specify WAR

2. FULL NAME Cattie Belle Williams

(a) Residence: No. 3404 Mt. Pleasant Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of / WIFE of: David George Williams (d)

6. DATE OF BIRTH (month, day, year): March 14-1875

7. AGE: Years 63 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

MOTHER

13. NAME: Lucas G. Miller

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Herbert Wilhelmson

(Address) 2540 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Monument M E Cem Date May 2 1938

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest or Autopsy or Inquiry)

adduced by said Inquiry and that said deceased came (Inquest / Autopsy / Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	hour
Chronic heart disease	years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 712 N. Bond St

5346 (Carrie) Caroline C Hinkey ✓ F 46346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Carrie) Caroline C. Hinkey

If U. S. Veteran specify WAR

(a) Residence: No. 1262 James St. City St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin E. Hinkey.

7. DATE OF BIRTH (month, day, year) December 19. 1877

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Henry Seim,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Kalwaser,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. E. Hinkey. (Address) 1262 James St

18. BURIAL, CREMATION, OR REMOVAL A. Co. Place Millersville Date 5-3-38 19

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave

20. FILED Huntington Williams, M.D. Registrar.

5-4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-38 19

22. I HEREBY CERTIFY, That I attended deceased from 3-14-38 19 to 4-30-38 19

I last saw her alive 4-30-38 19 Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease, C failure.	
Arteriosclerosis	
Bronchopneumonia	

Other contributory causes of importance

Was an operation performed? O Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hospital

6347 ✓ E 46347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Hillsway Apt
CITY OF BALTIMORE: (No. Charles & 34th St. 12-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Elliott Johnstone

(a) Residence: No. Charles & 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 14th 1852

7. AGE: Years 85; Months 5; Days 15; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Andrew Johnstone

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Mary B. Elliott

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Col Lent
(Address) Washington D C

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Elliott Lot Date May 2 1938

19. UNDERTAKER H. Jenkins & Son
(Address) Orchard & Mc Culloch Sts

20. FILED MAY 1 1938, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 29, 1938
I last saw h alive on April 29, 1938 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Senility)	
Anaemia	April 15 38
Carcinoma of Sigmoid Cardiac weakness	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C B Gamble, M. D.
(Address) 340 N. Charles St

E 46348

6348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Lehane St St. 11-2 Ward)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME W. Hall Harris

(a) Residence: No. 11 E. Lehane St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Patterson Harris

6. DATE OF BIRTH (month, day, year) Oct. 12, 1852

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	85	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney

10. Date deceased last worked at this occupation (month and year) Apl 38

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME J. Morrison Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sidney Calhoun Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT W. Hall Harris Jr
(Address) 433 Title Building

18. BURIAL, CREMATION, OR REMOVAL
Place Gillmount Date May 2- 1938

19. UNDERTAKER A. J. Jenkins Co
(Address) Gladden + McCollough

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1938 to 4-29, 1938

I last saw h 17, alive on 4-29, 1938 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	4-20-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ..... M. D.

(Address) 1129 St. Paul St.

5-1938 Huntington Station, Md

M. D. F 1265-9

F 46349

46349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 8-7 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R Davis

(a) Residence: No. 1429 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas E Davis

6. DATE OF BIRTH (month, day, year) Mr 20th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

13. NAME Wm H. Hunt

14. BIRTHPLACE (city or town) (State or country) Balto City Md

15. MAIDEN NAME Sarah A Pearce

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Mrs. T. E. Davis

(Address) 1429 Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 2 19

19. UNDERTAKER Fuchs Funeral Home Inc

(Address) 1701 Eastern Ave.

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1937 to April 29 1938

I last saw her alive on April 28 1938 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIABETES MELLITUS	Abt 1930
Other contributory causes of importance: GANGRENE RIGHT FOOT AND LEG	Sept 1937
CORONARY OCCLUSION & SUDDEN	Apr 29 1938

Name of operation NONE Date of —

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) 8 East Read St

F 46350

46350) HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5945 Kavon Ave St. 26-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Emilie Dorman.
(a) Residence: No. 5945 Kavon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W. Dowed.

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Frank B. Dorman.

7. DATE OF BIRTH (month, day, year) June 5. 1856

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife and Home. Do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, year) April 10. 1938
11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Breslau. Germany.
13. NAME Blooms Bluhe
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown Unknown
17. INFORMANT Charle L. Dorman
(Address) 5945 Kavon Ave
18. BURIAL, CREMATION, OR REMOVAL Emmanuel Cem. May 4th 1938
19. UNDERTAKER Frederick Eberhardt Sons
(Address) 7461 Belair Road
20. FILED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 . 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 . 1938 to May 1 . 1938
I last saw her alive on April 30 . 1938 Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs ago
Cerebral Thrombosis	3 wks ago
Other contributory causes of importance: Chronic myocarditis	10 yrs ago

Was an operation performed? no Date of —
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? none Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Albert J. Humelsbach, M. D.
(Address) ~~5945 Kavon Ave~~ 5944 Belair Rd

46351 F 46351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Greenspring & Belvedere St.) 27-47 Ward)
Length of residence in city or town where death occurred 25 mos. ..... da. How long in U. S. if of foreign birth? 26 yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Tzisch
(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Fenia
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Sig. Feinblatt
(Address) Belvedere & Greenspring Ave
18. BURIAL, CREMATION, OR REMOVAL 5-1-38
Woodlawn Rd
19. UNDERTAKER Jos. Lewis & Sons
(Address) 1439 E. Baltimore St
20. FILED ..... 19..... Registrar
1938 Henry Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1934, to 7 30, 1938
I last saw him alive on 4 20, 1938. Death is said to have occurred on the date stated above, at 330 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Cardio vascular disease	
Other contributory causes of importance:	
Chr Bronchitis	
Bronchial Asthma	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Edmund Levin, M. D.
(Address) Lauvdale.

6352 ✓ F 46352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-2 94-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Durham St., 2 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Zwolinski

(a) Residence: No. 424 S. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie Zwolinski

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Notions for 6 Cents

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME George Zwolinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Rosalie Zwolinski
(Address) 424 S. Durham Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 2. 1938

19. UNDERTAKER John M Weber
(Address) 1401 E. Monument St

FILED 1-1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26. 1938 to April 28. 1938

I last saw him alive on April 25. 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset April 26.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo A Finlackey M. D.

(Address) 126 S. Patterson Pk. Ave.

46353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46353

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 36-3 Ward)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter John Scott, Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 406 S Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Dec 18, 1936

7. AGE: Years: 1; Months: 4; Days: 11; If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Walter J. Scott

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME: Mamie Bolton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Walter J. Scott Sr
(Address) 406 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date May 2 1938

19. UNDERTAKER: C. Howard Egan
(Address) 142 S Charles St

20. FILED 5-1-1938 Huntington Finkelstein, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1938 to 4-29, 1938

I last saw him alive on 4-29, 1938 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Otitis Media, bilateral	4-16-38
Acute Mastoiditis, left	4-24-38
Lateral Sinus Thrombosis, left	
Other contributory causes of importance:	
Bronchopneumonia, acute, bilateral	4-1-38
Empyema, right	4-14-38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Kroll M. D.
(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 16335

X 53-E

Registered No. 43329

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., or Ward) 7-5

Length of residence in city or town where death occurred ... yrs. ... mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Guy William Carlton

(a) Residence: No. 2258 Main St Buffalo N.Y. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charlotte Carlton

6. DATE OF BIRTH (month, day, year): 2-3-74

7. AGE: Years 61 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

13. NAME: Adolph Carlton

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Amelia Granger

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Records Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL: Harrington, Nat. Va Date 5 4 38

19. UNDERTAKER: Abram R. Speare (Address) Mt. Rainier, Md.

Huntington Williams (Register)

20. FILED MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-21-38 1938, to 5-1, 1938

I last saw him alive on 5-1 1938 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

Melano sarcoma with metastasis — Date of onset Jan. 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-23-38

For what disease or injury? Biopsy of tumor of back

Name of operation

What test confirmed diagnosis? Above Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Donald C. McCollum, M. D.

(Address) Johns Hopkins Hospital

✓ F 46355

6355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Reinoold

(a) Residence: No. 3513 Kensington Ave. Phila. Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adella B. Reinoold

6. DATE OF BIRTH (month, day, year) June 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer M.M

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Henry Reinoold

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Frances Flock

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Adella Reinoold

(Address) 3513 Kensington Av. Phila.

18. BURIAL, CREMATION, OR REMOVAL

Place Doylestown, Pa. Date May 1 1938

19. UNDERTAKER C. Lepoy & Sons, Inc

(Address) 1256 North Ave

26. FILED ... 19 ... Registrar

MAY 1 1938 ... Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Fracture of R. & L. Legs	
Fracture of L. Arm	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident. Date of injury 4-21-38 19

Where did injury occur? Kensington & Tioga Ave Phila Pa

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto crossing street

Nature of injury Fracture of R. & L. Legs L. Arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ... Coroner

16356 E 16356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH — CGK--32907 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Howard L. Franck

(a) Residence: No. 2511 Harlem Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

7. DATE OF BIRTH (month, day, year): Jan 18, 1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	3	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Richard

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Bevans

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Loudon Park Date: May 2 1938

19. UNDERTAKER: Chas. E. Franck (Address) 627 Madison Ave

20. FILED ... Registrar.

5-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1938 to 4-29 1938

I last saw him alive on 4-29 1938. Death is said to have occurred on the date stated above, at 10.35 P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hemorrhage from Peptic Ulcer Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

16357 HEALTH DEPARTMENT—CITY OF BALTIMORE 16357

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W. Pratt St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Samuel Hamilton

(a) Residence: No. 918 W Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) — Hamilton

6. DATE OF BIRTH (month, day, year) Unknown, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bullatin

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Packing Factory

10. Date deceased last worked at this occupation (month and year) April 15 38

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME Wesley Hamilton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs J Ida Hamilton

(Address) 302 Eastman St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 3 1938

19. UNDERTAKER John J. Conan & Son

(Address) 501 Hollins St

Huntingdon Funeral Parlors, Inc. Registrar

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left)	April 28
Other contributory causes of importance: arterio-sclerosis - hypertension disease	2 yrs (?)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 2360 Eutaw Place

66

46358 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46358

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ellen Bopp

(a) Residence: No. 18 Wellow Ave St., Ward. Dawson Rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6-8-1920

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME John E Bopp

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Mary Donahue

16. BIRTHPLACE (city or town) (State or country) Lonaconing md.

17. INFORMANT John E Bopp

(Address) 18 Wellow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 5/4/38 19

19. UNDERTAKER Leonard J Post

(Address) 2305 Harford Ave

20. FILED 5-2-1938 Augusta Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 19 38, to May 4, 19 38

I last saw her alive on May 1, 19 38. Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis gangrenous	2-15-38
Acute diffuse peritonitis	4-27-38
Acute malnutrition state	

Other contributory causes of importance:

Pneumonia bilateral	4-30-38

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard S Gittings M. D.

(Address) University Hospital Baltimore Md

F 46359

46359 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. St. Hospital)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma M Sandkuhler

(a) Residence: No. 1811 Hope st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank H Sandkuhler

7. DATE OF BIRTH (month, day, year) 11-26-1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	5	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dudley Mass

13. NAME Mrs H Reed

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ema E Dudley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank M Sandkuhler

(Address) 1811 Hope St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 5/4 1938

19. UNDERTAKER Leonard J Buck

(Address) 5205 Harford Ave.

20. FILED 19 Registrar.

5-1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1- 1938

22. I HEREBY CERTIFY, That I attended deceased (from) 4/25/38 19 (to) 5/1/38 19

Last saw h alive on 5/1/38 19 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4/27/38

For what disease or injury? fibroid of uterus - hysterectomy - external capsule of bladder and wall of vagina

Name of operation Supra vaginal hysterectomy, ~~retained~~ bladder flap

What test confirmed diagnosis? ~~Symptoms~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Nicholas Famulare M. D.

(Address) Maryland Gen Hosp

Nicholas Famulare

E 46360

6360
343003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-14

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Wade Frost If U. S. Veteran specify WAR

(a) Residence: No. 508 Woodlawn Rd. Roland Pk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan Rafale

7. DATE OF BIRTH (month, day, year) 3-3-80

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Henry Frost-

14. BIRTHPLACE (city or town) (State or country) S. Car

15. MAIDEN NAME Sallie Walker

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Middleburg Va Date May 3 1938

19. UNDERTAKER Henry W. Jenkins & Sons Co
(Address) McCulloh & Eutaw Sts

20. FILED ... 19... Registrar
2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1938 to May 1, 1938. I saw h[illegible] alive on May 1, 1938. Death is said to have occurred on the date stated above, at 145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Feb 1938
Other contributory causes of importance:	

Was an operation performed? yes Date of 3/17/38

For what disease or injury? prolabe of larynx & trachea

Name of operation Gastrostomy Esophagoscopy

What test confirmed diagnosis ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Sarah A Boardman, M. D.

(Address) Johns Hopkins Hospital

16361 HEALTH DEPARTMENT—CITY OF BALTIMORE 16361

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Ristertown Rd 15-12 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Fred

(a) Residence: No. 3607 Ristertown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Late Max Fred

7. DATE OF BIRTH (month, day, year) 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel Raffel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Israelson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jessie Fred
(Address) 5625 Greensberry Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Rosedale Date May 2 1938

19. UNDERTAKER Sol Levinson & Bros.
(Address) 1124-26 W. North Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1935

22. I HEREBY CERTIFY, That I attended deceased (from March 1st 1937 to May 1st 1935

I last saw h 22 alive on May 1 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Cerebral hemorrhage	Apr 30

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

2-1938

46362 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46362

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Brunt St. St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Beulah Wilson

If U.S. Veteran specify WAR

(a) Residence: No. 2000 Brunt. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Wilson

6. DATE OF BIRTH (month, day, year) Dec 9, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45 yrs		4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Herbert Wilson

(Address) 2000 Brunt St. Balto, md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/2 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

MAY 2 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 28, 1938

I last saw her alive on April 27, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	4/16/38
	over
Other contributory causes of importance: Bronchial Pneumonia	3/14/38
Sub-acute Bronchitis	4/1/38

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. Julian Jr. M. D.

(Address) 434 E 23rd St.

46363 F 46363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15-1 25

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Robert Lewis

(a) Residence: No. 1414 Gilmor St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Bells Lewis

6. DATE OF BIRTH (month, day, year) March 30, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43		20 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk dealer 10 0

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown, Pa.

FATHER

13. NAME Moss Lewis

14. BIRTHPLACE (city or town) (State or country) Germantown, Pa.

MOTHER

15. MAIDEN NAME Sarah ? Willis Felix Lewis

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place National Date 5/3 38

19. UNDERTAKER Thomas E. Kelson (Address) 3038 Eastern Ave.

20. FILED 5-2-1938 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938 to April 28, 1938

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, peritonitis	4-24-38
Tuberculosis, adenopathy and abscess, presacral nodes	4-17-38
Obstruction, intestinal, acute,	4-15-38
Other contributory causes of importance: Because tuberculous adhesions to small bowel.	

Was an operation performed? yes Date of 4-27-38

For what disease or injury? above causes of death

Name of operation Enterostomy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. K. Bryant, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

LTF/6

46364 M&T - 1500 Blks. F 46364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Mosher ST. 14-2 WARD)

2-FULL NAME James Fisher

(a) RESIDENCE NO. 633 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Fisher

6 DATE OF BIRTH (month, day, and year): June 30, 1870

7 AGE: 68

Years	Months	Days	If LESS than 1 day, hrs or min.
	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Daniel Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Poor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant (Address): Mary Fisher 633 Mosher

15 Filed Apr 28 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1938

17 I HEREBY CERTIFY that I attended deceased from Jan 25 1938 to April 27 1938.

that I last saw him alive on April 30 1938.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows: Valvular heart lesion

Uremia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

19 38 (Address) 2039 Mc Culloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 5/2 19 38

20 UNDERTAKER: T. E. Kelson

ADDRESS: 1303 Pennsylvania Ave

Registered - 1938

16365 HEALTH DEPARTMENT—CITY OF BALTIMORE 16365

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbur Lewis (32864)

(a) Residence: No. 725 Lover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

7. DATE OF BIRTH (month, day, year) March 15, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Byrd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 5/2 38

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Bressman

20. FILED 19 (Registrar)

5-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to April 27, 1938

I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	unknown
Tuberculosis of larynx	about 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. H. Curtis M. D.
(Address) Baltimore City Hospitals

16366

HEALTH DEPARTMENT—CITY OF BALTIMORE

16366

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MR. RICHARD NORRIS McCULLOH

If U. S. Veteran specify WAR

(a) Residence: No. 3302 Clifton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearle Louise McCulloh

6. DATE OF BIRTH (month, day, year) March 9, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Richard McCulloh

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Lightner

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green, Md. Date May 2 1938

19. UNDERTAKER Wm. J. Tickner and Sons (Address) North and Pa. Aves.

Huntington Williams, M.D.

20. FILED MAY 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25 1938 to April 29 1938

I last saw him alive on April 29 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 4-29-38

(NOT TYPED)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

F 46367

Lazarewicz

63367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. ____

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2322 Fleet St., 1-3 Ward)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Rosalie Lazarewicz

(a) Residence: No. 2322 Fleet St., ____ Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Louis Lazarewicz (d)

6. DATE OF BIRTH (month, day, year) Sept 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	69	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ludwig Lewkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes (not known)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julian Lazarewicz (Address) 2322 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus, Cem Date May 4th 1938

19. UNDERTAKER Geo. R. Meier

(Address) 7 S. Eden St.

20. FILED ____ Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance, Arterio sclerosis	years

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wm. W. Wood M. D. Coroner

(Address) 1112 N. Broadway

6368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46368

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Lauretta Ave. St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie M. Ruckle

(a) Residence: No. 2307 Lauretta Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Ruckle

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Home duties		

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Henry Poezelt

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Minnie Poezelt

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Raymond L. Ruckle

(Address) 2307 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/2/38 19

19. UNDERTAKER Cruttenden & Sons

(Address) 1900 Eutaw Place

MAY 2 - 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938 to April 30 1938

I last saw her alive on April 29 1938 Death is said to have occurred on the date stated above, at 12.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Before	3-23-38
Arteris-sclerosis "	3-23-38
Nephritis "	3-23-38
Acute cardiac dilatation	4-29-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 1203 W. Fayette St

Huntington Publishing Co.

46369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32224 1345 B 46369

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Ward

(a) Residence: No. 820 S. Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/14

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	24	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ella Ross

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 5/2/38

19. UNDERTAKER Leonard L Brown Jr for
(Address) 1038 W Montgomery St

MAY 2 - 1938 Filed Wm. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to April 27, 1938

I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta	Jan. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. De Lauder M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46370 CERTIFICATE OF DEATH F 46370

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp St. 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Echemode

(a) Residence: No. 215 E Main St. Westminster, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of Sidney Echemode

6. DATE OF BIRTH (month, day, year) 1893 Oct

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Carol County, Md.

FATHER
13. NAME Edward J. Echemode
14. BIRTHPLACE (city or town) (State or country) Carol County Md.

MOTHER
15. MAIDEN NAME Barbara Little
16. BIRTHPLACE (city or town) (State or country) Carol Co. Md.

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, REMOVAL Place St. Johns Cem. Date May 4, 1938

19. UNDERTAKER A. Bankard & Son
(Address) Westminster, Md

20. FILED MAY 2 - 1938 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/14/38, 1938 to 5/2, 1938. Death is said to have occurred on the date stated above, at 2:55 A.M.

I last saw him alive on 5/2/38, 1938.

The principal cause of death and related causes of importance were as follows:

Brain Tumor complicated by a lobular pneumonia

Date of onset: over

Other contributory causes of importance:

Was an operation performed? yes Date of 4/24/38

For what disease or injury? Brain Tumor

Name of operation Bone flap

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. T. Lisansky M. D.
(Address) Mercy Hospital Balto, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46371

CERTIFICATE OF DEATH

✓108 F 46371

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Hanover St. St. 22-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Galliher. If U. S. Veteran specify WAR

(a) Residence: No. 528 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Samuel M. Galliher.

6. DATE OF BIRTH (month, day, year) December 14, 1867

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
70	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia.

FATHER

13. NAME Thomas M. Fahey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget McGinnis.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Beatrice Carr. (daughter)
(Address) 530 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lot Fully Wyoming Date May 3 19

19. UNDERTAKER Harry H. Armsworth
(Address) 2504 Ridgewood Ave.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1939 19

22. I HEREBY CERTIFY, That I last ~~saw~~ the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneuronia.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Heinkardt M. D.
Coroner

5/2/39 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6372 F 46372

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) 18 - 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Johnson (31409)

(a) Residence: No. 430 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Food

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 2, 1938

19. UNDERTAKER Mrs Kate R. Williams
(Address) 2220 Lanvale St

MAY 2 - 1938 Registrar. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to April 28, 1938
I last saw him alive on April 28, 1938 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Jan 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46373 — CERTIFICATE OF DEATH — ✓ 131 — F 46373

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta St. 5-1 Ward) — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Young — If U. S. Veteran specify WAR ____

(a) Residence: No. 207 Augusta St. Ward. ____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Young

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hannah Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. W. Williams

(Address) 207 Augusta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Union Date 5/27/1938

19. UNDERTAKER Kates R. Williams

(Address) 522 N Schroeder St

20. FILED 1938 — 19 Registrar — Hortense Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22 1938 to April 29 1938

I last saw h[illegible] alive on April 29 1938. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Interstitial Nephritis	April 22 1938
Other contributory causes of importance:	1938

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) George S. Allen M. D.

(Address) 523 Augusta St

46374 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46374

CERTIFICATE OF DEATH

95-0

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 10-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Darwin

(a) Residence: No. 724 Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Darwin

6. DATE OF BIRTH (month, day, year) Nov. 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockville S. C.

FATHER

13. NAME Napoleon Bondeau
14. BIRTHPLACE (city or town) (State or country) Rockville S. C.

MOTHER

15. MAIDEN NAME Amanda White
16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT William Darwin (Address) 724 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Place Shiloh to Salisbury N.C. Date 5-3-1938

19. UNDERTAKER Mrs. N. A. Elliott - Daughter (Address) 1129 N. Carrollton Ave

20. FILED ..... 19..... Registrar.

MY 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4. 16. 1938, to 4. 29. 1938

I last saw her alive on 4. 29. 1938. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease — coronary sclerosis	1932
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D Carr M. D.

(Address) 1515 Marlboro St

46375 ✓ F 46375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Glenmore Ave St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Caroline Menkens

If U.S Veteran specify WAR

(a) Residence: No. 2733 Tivoli Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Menkens

6. DATE OF BIRTH (month, day, year) Nov. 7 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 63	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Conrad Regner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Stengel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John J. Menkens
(Address) 2733 Tivoli Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem Date May 3 1938

19. UNDERTAKER Louis Heemann and Son
(Address) 32 S. Broadway

20. FILED 1938 Registrar.

2-1938 Hunting for Potiaitis, NJ

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-6-30 19 to 4-30-38 19

I last saw her alive on 4-26 1938 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Few minutes
Chr. Myocarditis	Chronic

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo B. Gilbert M. D.

(Address) 2802 Harford Ave

46376 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46376

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Matthews

(a) Residence: No. White Hall Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna May Matthews

6. DATE OF BIRTH (month, day, year) March 9th 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman at R R Crossing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wm. H. Matthews.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Basley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Edna M. Matthews. Whitehall Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Baltimore Date May 4 1938.

19. UNDERTAKER (Address) Kenworthy & Son 360 W Lexington St Baltimore, Md.

MAY 5 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to May 1, 1938

I last saw him alive on May 1, 1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon	1935
Malnutrition	"
Secondary anemia	"
	"

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Yes Date of April 27, 1938

For what disease or injury? Carcinoma

Name of operation Exploratory & ileostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. T. A. Revell Jr. M. D.

(Address) University Hosp.

46377 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46377

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Fulton Ave St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Mexican Dan.

2. FULL NAME Edward Samuel Schaefer

(a) Residence: No. 613 Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma May Schaefer

6. DATE OF BIRTH (month, day, year) April 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel C. Schaefer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Buettinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma May Schaefer

(Address) 613 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Cemetery

Place Baltimore National Date May 3 1938

19. UNDERTAKER Joseph Deardorff & Son

(Address) 2128 Pacific St.

20. 18550 MAY 2 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above had an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above. 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Larynx	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Hearn M. D. Coroner

(Address) 12-18 Mount St

V 8 6

F 46378

46378

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 208 S Hawthorne St. 27-14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Probably 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? 55 yrs. 2 mos. 28 ds.
If U. S. Veteran specify WAR NONE

2. FULL NAME Elsie Schlichter Kirk

(a) Residence: No. 208 S Hawthorne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Kirk

6. DATE OF BIRTH (month, day, year) Feby-2-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Sellersville Penna.

FATHER
13. NAME Thomas G. Schlichter
14. BIRTHPLACE (city or town) (State or country) Sellersville Pa.

MOTHER
15. MAIDEN NAME Sallie Gerhart
16. BIRTHPLACE (city or town) (State or country) Sellersville Pa.

17. INFORMANT John C. Kirk - (Husband)
(Address) 208 S Hawthorne Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cedar Date May-2-1938

19. UNDERTAKER Stewart Memorial
(Address) 1st with Mrs.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938 to April 29, 1938
I last saw h[illegible] alive on April 29, 1938. Death is said to have occurred on the date stated above, at 8-05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage at 6-35 P.M.	April 24, 1938
Died at 8-10 P.M.	
Hypertension, M.D. during labor	Unk.
Other contributory causes of importance:	
260-170- Eye grounds showed marked arterio sclerosis with engorged veins	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) M. Gilbert Porter M. D.
(Address) 1822 Roland Ave.

2-1938

14

46379 ✓ F 46379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Druidhmar St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Thomas Joyce

If U. S. Veteran specify WAR .....

(a) Residence: No. 1622 Druidman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Sing

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 10 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Joyce

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy Joyce

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Dorothy Joyce

(Address) 1622 Druidman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-3-1938

19. UNDERTAKER Sr. C. Dobson

(Address) 916 Pennsylvania Ave

(Filed) ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day and ... Cause

The principal cause of death and related causes of importance were as follows:

Pneumonia, | Date of onset

Other contributory causes of importance: .....

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abram Larew M. D. Coroner

(Address) 1215 Harlem

V S 6

46380 F 46380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Plateua Ave St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin E. Hopkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 3610 Plateua Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Howes

6. DATE OF BIRTH (month, day, year) 1-11-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2 3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Hopkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha E. McCeney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Benj. Hopkins
(Address) 3610 Plateua Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 5-2-38 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

5-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29 1938 to April 30 1938.

I last saw him alive on April 30 1938. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	Mar 1937
Other contributory causes of importance:	
Arteriosclerosis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical History

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Ernest Hartman Jr. M. D.

(Address) 2801 St Paul St.

16381

HEALTH DEPARTMENT—CITY OF BALTIMORE

16381

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Ashton St. 20-5 Ward)

Length of residence in city or town where death occurred Life How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie A. Dolle

(a) Residence: No. 2211 Ashton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of William F. Dolle

6. DATE OF BIRTH (month, day, year) June 5 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Gilbert E. Richardson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Agnes Carey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William A. Dolle
(Address) 2211 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon PK Date May 2/38

19. UNDERTAKER Gilbert Funeral Home
(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to April 29 1938

I last saw h[illegible] alive on April 18 1938 6.45 m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Hyde M. D.

(Address) 2151 Eutaw Place

46382 E 16382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Shelburne Road St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie A. Goodman

(a) Residence: No. 3505 Shelburne Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Emanuel Goodman

6. DATE OF BIRTH (month, day, year) Dec. 29, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg, Va.

FATHER

13. NAME Adolph Heller

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Fannie Letterman

16. BIRTHPLACE (city or town) (State or country) Charlottesville, Va.

17. INFORMANT Mrs. E. Ries (Daughter)

(Address) 3505 Shelburne Road.

18. BURIAL, [redacted]

Place Balto. Heb. Gem Date May 3, 38

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ..... Registrar.

MAY 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st. 1937 to May 1st. 1938.

I last saw her alive on May 1st. 1938. Death is said to have occurred on the date stated above, at 4.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	April 28 1938
Other contributory causes of importance:	
Hypertension	1924
Arteriosclerosis-multiple cerebral hemorrhages	1937-38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Hamburger M. D.

(Address) 1207 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46383

6383

CERTIFICATE OF DEATH

87-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Belair Rd. 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Lizzie Detorie

If U. S. Veteran specify WAR .....

(a) Residence: No. 2217 Huntington Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced (write the word)~~
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Detorie

6. DATE OF BIRTH (month, day, year) 7-3-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominic Matrangle

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicholas Detorie

(Address) 2217 Huntington Ave

18. BURIAL, CREMATION, or REMOVAL

Place Greenmount Date May 3 1938

19. UNDERTAKER Edward Toulson

(Address) 2357 Walbrook Ave.

20. FILED Huntington Williams Registrar

MAY 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Apr. 30 1938

I last saw h[illegible] alive on Apr. 30 1938 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Other contributory causes of importance:	
Parkinson's disease	12 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George E Cross M. D.

(Address) 2522 25 W Mt

F 46384

46384 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B #32919 SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mathew Rumuly

(a) Residence: No. Anglesea and Fleet St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 8/29/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Baltimore Maryland

MOTHER FATHER

13. NAME Sam

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cemetery Date 5/3/38 19

19. UNDERTAKER Geo. A. Foutz Son (Address) 7[illegible] N. Gay Ave

20. FILED 19 Registrar

5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 28 1938 to April 30 1938

I last saw him alive on April 30 1938. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1936

Other contributory causes of importance

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. De Lancette M. D.

(Address) Baltimore City Hospitals

46385 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46385

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1105 E. Linwood Ave. St., 1-1 Ward)

Registered No. 8 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth A. Cold

U.S. Veteran (Specify WAR)

(a) Residence: No. 105 E. Linwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Leo F. Cold

6. DATE OF BIRTH (month, day, year) Dec. 19-881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7 6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER FATHER

13. NAME Thos Cattenfield

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Anna Enlinger

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Leo. F. Cold (Address) 105 E. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place May, 1938 New Cathedral Cemetery

19. UNDERTAKER J. G. Logan (Address) 1300 E. Baltimore St.

MAY 2 - 1938 19

Huntington Tennessee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2 days
Other contributory causes of importance: Arterial heart disease	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 6

(Suggs) ✓ F 46386

HEALTH DEPARTMENT—CITY OF BALTIMORE

46386

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Suggs

(a) Residence: No. 1211 Rayner St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Md

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pauline Reynolds
(Address) 1211 E. Madison

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 2 - 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. Filed MAY 2 1938 Registrar

1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible] and that I last saw the deceased alive on [illegible] and that said deceased died at [illegible] on the day stated above.

The principal cause of death and related causes of importance were as follows:

	(Date of onset)
Cerebral Apoplexy	April 9 '38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Keller M.D. Coroner

(Address) 502 Lexington St.

6387 ✓ F 16387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 186-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles E Harris — If U. S. Veteran specify WAR

(a) Residence: No. Hamptead, Md St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~HUSBAND~~) Abbie Harris

6. DATE OF BIRTH (month, day, year) Apr 6-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 00 50

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Carroll Co, Md

FATHER

13. NAME Wm M. Harris

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Mary J. Blizzard

16. BIRTHPLACE (city or town) (State or country) Carroll Co, Md

17. INFORMANT Wife (Wm M Harris) (Address) Hampstead Md

18. BURIAL, CREMATION OR REMOVAL Westleyheights Cemetery Date May 3 1938

19. UNDERTAKER Law & Tipton (Address) Hampstead, Md

20. FILED [illegible] 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull (Subdural Hemorrhage) (Accidental)	16hrs.

Other contributory causes of importance: Acute Alcoholism

Was an operation performed? Yes Date of 5/6/38

For what disease or injury? For fracture of skull

Name of operation Craniotomy Date of 5/1/38

What test confirmed diagnosis? Clinical & Surgical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4/30 1938

Where did injury occur? Hamptead Md on Middle Run Valley Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell down Embankment steps

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice J Abrams M. D. Coroner

(Address) 360 Fulton Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16388 F 16388

53-2

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter A. Davis

(a) Residence: No. 838 Maple St Parkersburg W. Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-5-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Daniel Davis

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Virginia Selman

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMANT Records Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Harrisville W. Va. Place Harrisville W. Va. Date 4-4 19 38

19. UNDERTAKER John J. Mitchell & Sons (Address) 1900 Eutaw Pl.

20. FILED 19 ... Registrar.

8-1938 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1938, to 5-2, 1938.

I last saw h... alive on 5-2, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant glioma	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-23-38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

F 46389

46389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lee Coleman

(a) Residence: No. 1705 Bentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Coleman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va

FATHER

13. NAME Richard Coleman

14. BIRTHPLACE (city or town) (State or country) Hanover Co Va

MOTHER

15. MAIDEN NAME Reggie Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary L. Coleman 1731 Bond St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Interred Ashland Va. Date May-2 1938

19. UNDERTAKER Jas. R. A. Elliott & Daughter
(Address) 1124 N. Caroline St

20. FILED 19

2-1938

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
Adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to
his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward C. Wolfe M. D.

(Address) 131 S. Howard St

46390 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46390

CERTIFICATE OF DEATH

34-59

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Eva Jefferson

(a) Residence: No. 1615 Ben Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: Albert Jefferson

6. DATE OF BIRTH (month, day, year): Dec. 14th 1880

7. AGE: Years 57 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER
13. NAME: Frank Olschefski
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Cross Cemetery Date 5/3/ 1938

19. UNDERTAKER: G. I. Fanning & Son
(Address) 1938 E. Lafayette Ave

20. 5-3 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 5-1, 1938

I last saw h.e.r alive on 5-1, 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Pyelonephritis. Date of onset (a) 3-38(?)
Bacterial Endocarditis, mitral. (b) 4-18-38
Uremic Coma (c)

Other contributory causes of importance:

Diabetes Mellitus (a)
Syphilis (b)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis J. Krall M. D.
(Address) South Balto. Gen. Hosp.

F 46391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46391

Registered No. 53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Smallwood St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Agnes Kanuche

(a) Residence: No. 424 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Kanuche

6. DATE OF BIRTH (month, day, year) Jan 20 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Wm Farlane

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Bosley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Henry G. Kanuche

(Address) 424 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 2 1938

19. UNDERTAKER C. Raymond Kaufman

(Address) 927 Leeds Ave

20. FILED May 2 1938 Registrar.

5-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to April 30 1938

I last saw her alive on April 30 1938. Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinomata of Pelvis

Hemorrhage Profuse

Metastasis to Brain

& Lungs

Other contributory causes of importance

Pulmonary Oedema

Date of onset

Was an operation performed? Yes Date of Unknown

For what disease or injury? Carcinomata

Name of operation

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert A. Fisher M. D.

(Address) 2157 Wilkens Ave

16392

HEALTH DEPARTMENT—CITY OF BALTIMORE 16392

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6417 Harrietta ave (Hamilton) St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. if of foreign birth 78 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Svec

(a) Residence: No. 6417 Harrietta ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Svec

6. DATE OF BIRTH (month, day, year): 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boss

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: John Svec

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: John Svec (Address) 916 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date May 5 1938

19. UNDERTAKER: [illegible] (Address) 1106 [illegible]

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/21/38 to 5/2 1938

I last saw him alive on 5/2/38 Death is said to have occurred on the date stated above, at 5.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 yrs
Hypertension	1 1/2 yrs
Chronic Asthma	2 yrs

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Kurtz M. D.

(Address) 532 E 22-10

46393 HEALTH DEPARTMENT—CITY OF BALTIMORE 46393

CERTIFICATE OF DEATH

194-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Craig Ave St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E Nachbar

(a) Residence: No. 5203 Craig Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 7-25-1860

7. AGE: Years 77 | Months 8 9 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Nachbar

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Susan Feldmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Clara Nachbar 5203 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date May 4- 1938

19. UNDERTAKER (Address): Mary M Weddel 501 E 22nd St

MAY 3-1938 Huntingtan Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to May 1, 1938

I last saw h.. alive on May 1, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Cerebral hemorrhage	1934
Chronic Myocarditis	1934
Other contributory causes of importance:	
Acute Cardiac dilitation	1938
Angina Pectoris	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. W. Bishop M. D.

(Address) 501 Skendan Ave.

46394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46394

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-3 St., Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 16 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred S. Philpot If U. S. Veteran specify WAR

(a) Residence: No. Street, Md. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

3a. If married, widowed, or divorced HUSBAND of Mary C.

6. DATE OF BIRTH (month, day, year) Nov. 17 1874

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
64	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wesley Philpot

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Billings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT wife (Address) Street, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Emory Cem Date May 5, 1938

19. UNDERTAKER H. B. Bailey (Address) Darlington Md.

20. FILED ... Registrar.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-16-1938 to 5-2-1938

I last saw him alive on 5-2, 1938 Death is said to have occurred on the date stated above, at 4.25 p. m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy — Date of onset

Other contributory causes of importance: Embolism

Was an operation performed? yes Date of 4-27-38

For what disease or injury?

Name of operation Transurethral resection

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. L. Ewell, M. D.

(Address) Md. Gen. Hosp.

M. D. F. 1268-9

F 46395

F 46395 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 123

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 19-26 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Clarence Burns

(a) Residence: No. Lolland Ave Riderwood Md.

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Amanda J Burns

6. DATE OF BIRTH (month, day, year) Jan 16. 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator Cordmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black & Decker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) Maryland

FATHER

13. NAME Thomas Burns

14. BIRTHPLACE (city or town) (State or country) Md. Bermuda.

MOTHER

15. MAIDEN NAME Mary Bumbry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Clarence Burns

(Address) Riderwood Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 5 . 1938

19. UNDERTAKER John Burns' Sons

(Address) Towson, Md.

FILED 5-7-1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1938 to May 2 . 1938

I last saw him alive on May 2 . 1938 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5-1-38
Pulmonary Edema	5-2-38

Other contributory causes of importance:

Perforation of Rectum Duodenum Due to Colon Tube

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr J. Bottoglia M. D.

(Address) Franklin Sq. Hospital

F 46396

46396 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home 01 S. Glover St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph E. King

(a) Residence: No. 01 S. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa King

6. DATE OF BIRTH (month, day, year) Nov. 6 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5 (6)	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) Never worked

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph E. King

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Corcoran

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. Teresa King

(Address) 01 S. Glover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 4th 1938

19. UNDERTAKER Wm Cook

(Address) 217 E. Pratt St.

FILED MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6 Months

Other contributory causes of importance: Arterial Heart disease 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. A. Wood Coroner, M. D.

(Address) 712 N. Howard St.

VS 6

46397 F 46397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pine Crest Sanitorium

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma M. Van Trump

If U. S. Veteran specify WAR ..... Record

(a) Residence: No. 1 W. 24th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Sept 8th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Van Trump

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Sarah Dailey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs A. V. Bowman

(Address) 1 W 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAY 3 - 1938 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/28/ 1938 to 4/30 1938

I last saw h[illegible] alive on 4/30 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset 3/28/38

Other contributory causes of importance:

Cardiac failure.

Was an operation performed? No Date of ——

For what disease or injury? ——

Name of operation ——

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury ——, 19

Where did injury occur? ——

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ——

Manner of injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ——

(Signed) Joseph V. Cadigna M. D.

(Address) 1107 W Madison St.

VS 3

5398 Takeyiro Nakao E 16398
34485 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. 27-18127

CITY OF BALTIMORE: (No. ..... St. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Takeyiro Nakao — If U. S. Veteran specify WAR'S Record

(a) Residence: No. 3734 Manchester Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	yellow	married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Kona Nakao

6. DATE OF BIRTH (month, day, year) 7-23-71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gift Shop
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Inoke Nakao
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Miss Kami
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cremation Co Date May 3rd 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED MAY 3 - 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-22-38 1938 to 5-1 1938

I last saw him alive on 5-1 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of small bowel - Cause undetermined	
Pyelonephritis	
Empyema of gall bladder	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hosp

1934 340

F 46399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-38

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME (Name if any) Mary Connors — If U. S. Veteran specify WAR No Record

(a) Residence: No. 220 S. Calvert St., Fl Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Vincent Connors

6. DATE OF BIRTH (month, day, year) Sept 9 / 99

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Balto. Maryland

FATHER

13. NAME Michael Baumgartner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bessie Hixley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records. Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 5th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

MAY 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1934 to May 2, 1934

I last saw her alive on May 2, 1934. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria malignata	April 12, 1934
General Paresis	
Other contributory causes of importance: Bronchopneumonia	April 28, 1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter B Burch, M. D.

(Address) John Hopkins

F 46400

46400 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provy Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Petro Wm. Metro

(a) Residence: No. 1 [illegible] E Eutaw St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tinka Panko

6. DATE OF BIRTH (month, day, year) 1884 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME [illegible] Petro

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tinka ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT C. [illegible] Petro (Son)

(Address) 1 [illegible] E Eutaw St Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date 5/4/38

Place 19

19. UNDERTAKER George J. Pentz Inc

(Address) 1785 Hanford Ave

20. FILED 5-3-1938

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-30-, 1938, to 5-2-, 1938

I last saw h[illegible] alive on 5-2-, 1938 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4-30-38

Other contributory causes of importance: Hypertension Cardio Vascular Renal

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Provy Hospital

F 46401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46401

CERTIFICATE OF DEATH

53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR --

2. FULL NAME Moses McDermot

(a) Residence: No. 837 Fremont Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 5, 1895

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	42	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 3-25-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) British West Indies

FATHER

13. NAME John McDermot

14. BIRTHPLACE (city or town) (State or country) British West Indies

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) British West Indies

17. INFORMANT Records- U.S. Marine Hospital, Baltimore, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 5 [illegible] 1938

19. UNDERTAKER Chas Alexander
(Address) 1200 McCulloh St

20. FILED ..... 19 ... Registrar.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938 to April 29, 1938.
I last saw him alive on April 29, 1938. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of femur, apex of right lung and right adrenal glands	2-17-38

Other contributory causes of importance:

Was an operation performed? yes Date of 3-25-38

For what disease or injury? Cancer of femur

Name of operation Osteotomy, right femur.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) I. [illegible] a duran, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

ENA/6

46402 Dr. Blake F 46402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Durham St. 6-14 (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Lee Pierce

(a) Residence: No. 405 N. Durham St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Marr[illegible]

5a. If married, widowed or divorced, (or) WIFE of: Charlie Pier[illegible]

6. DATE OF BIRTH (month, day, year): Oct. 25-1895

7. AGE: Years 42 | Months 7 6 | Days 7 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: James Tasco
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Maria Lee
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Lillian Lee (Niece)
(Address) 405 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL: Arlington Memory Park Date 5-4-38

19. UNDERTAKER: John M. Dolmeyer
(Address) 1200 Druid Hill Ave

20. FILED ... 19 ... Registrar
MAY 5 1938 Timothy A. Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1" 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1938 to 5-1 1938

I last saw h[illegible] alive on 5-1 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/26
Acute Endocarditis

Other contributory causes of importance:

Exposure & colds

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jas. R. Blake M. D.

(Address) 924 Fragrant St

46403

F 46403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Montgomery St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Nun.

(a) Residence: No. 15 E. Montgomery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Amelia C. Nun.

6. DATE OF BIRTH (month, day, year) April 27, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired milk dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Paulus Nun.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Amelia C. Nun. (wife)
(Address) 15 E. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 3. 1938

19. UNDERTAKER H. Howard Strong
(Address) 715 Light St.

20. FILED MAY 3 - 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto A. Reinhardt M. D.
Coroner

4/30/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on BACK of certificate.

46404 HEALTH DEPARTMENT—CITY OF BALTIMORE 46404

CERTIFICATE OF DEATH

✓ 46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen Hosp 21-7 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mrs Emma J. Humphrey
If U. S. Veteran specify WAR

(a) Residence: No. 1160 Carroll St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur L. Humphrey

6. DATE OF BIRTH (month, day, year) Dec. 3 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME E. Camden
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Louisa N. Earhart
16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Miss Mollie Hart
(Address) 1160 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 4 1938

19. UNDERTAKER Howard Strong
(Address) 715 Light St.

20. FILED 5 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/38

22. I HEREBY CERTIFY, That I attended deceased from 4/29/38, 19, to 5/1/38, 19.
I last saw h[illegible] alive on 5/1/38, 19. Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ileum	
Other contributory causes of importance: Cardiac hypertrophy with hypertension - Cholelithiasis - arteriosclerosis	

Was an operation performed? yes Date of 4/26/38
For what disease or injury? Carcinoma of ileum
Name of operation Resection of ileum
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nicholas Carnutus M. D.
(Address) Maryland General Hosp.

F 46405 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46405

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. Harbor

CITY OF BALTIMORE: (No. Lancaster-Carolina St., 5-2 Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Brinkley

(a) Residence: No. 53 N. Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Emma Brinkley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Co Va.

FATHER

13. NAME Lloyd Brinkley

14. BIRTHPLACE (city or town) (State or country) Norfolk Co Va.

MOTHER

15. MAIDEN NAME Amelia Brinkley

16. BIRTHPLACE (city or town) (State or country) Norfolk Co Va.

17. INFORMANT Capt. C. Van Carter

(Address) Police Boat

18. BURIAL, CREMATION, OR REMOVAL. Va

Place New Port News Date 5/3 38

19. UNDERTAKER T. E. Nelson

(Address) 1303 Briarman St

20. FILED 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset April 6 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 6 1938

Where did injury occur? Balto Harbor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lancaster & Carolina

Manner of injury Not known

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. W. Ward M. D. Coroner

(Address) 1716 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V 5 6

16406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46406

CERTIFICATE OF DEATH

93-c

Registered No. 20-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Edmondson Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Stumpf

(a) Residence: No. 2515 Edmondson Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha P. Stumpf

6. DATE OF BIRTH (month, day, year) Aug 7 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pork Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner of Business

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George L. Stumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Bertha P. Stumpf
(Address) 2515 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 4-38

19. UNDERTAKER H. B. Shippert & Son
(Address) 1300 Eutaw Place

20. FILED MAY 9 - 1938 19 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1938 to May 1 1938.
I last saw him alive on May 1 st. 1938 Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial hypertension	1930
Chronic Myocarditis	1937
Other contributory causes of importance: Cardiac insufficiency	9/1/37

Was an operation performed? yes. Date of 2-8-38.
For what disease or injury? thrombosis of central retinal artery
Name of operation enucleation of eyeball
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A. Lupp M. D.
(Address) 3030 Edmondson Ave

46407

HEALTH DEPARTMENT—CITY OF BALTIMORE

46407

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME [illegible]

(a) Residence: No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	[illegible]

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. no

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V S 6

46408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46408

CERTIFICATE OF DEATH

1119

1. PLACE OF DEATH

CITY OF BALTIMORE: Franklin Square Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Otto

(a) Residence: No. 2017 Eagle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 18 1838

7. AGE: Years | Months | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Henry E. Otto

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Louisa Gunther

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Harry E. Otto

(Address) 2017 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date May 2 1938

19. UNDERTAKER: J. F. Ellis & Son

(Address) 1300 Eutaw Place

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

V 8 6 1938 Arlington Printing Co., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Records)

Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came

Yes to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	Apr 27

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. J. Kaufman M. D.

(Address) 1877 W Baltimore St.

46409 F 46409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jonn Hopkins Hospital St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Albert Kelly

(a) Residence: No. 2213 Hargerove Al. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kelly

6. DATE OF BIRTH (month, day, year) April 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Kelly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Amelia Kelly
(Address) 2213 Hargerove Al.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 3 38

19. UNDERTAKER Robt F Rutledge & Son
(Address) 1515 McElderry St

20. FILED MAY 3 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury April 28, 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto crossing st. at

Nature of injury Gilford & North Av.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ...

(Signed) J R Crellin M. D.
Coroner

(Address) 2357 a Mar.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 46410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46410

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Hughes St. 22-1 Ward)

Length of residence in city or town where death occurred — yrs. 8 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude Doris Roe

(a) Residence: No. 107 E. Hughes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infants

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infants

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Ernest B. Roe

14. BIRTHPLACE (city or town) Bowen
(State or country) W. Virginia

MOTHER

15. MAIDEN NAME Dorothy Love

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Olivia Warfield
(Address) 107 E Hughes

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarmere Cem Date May 4, 1937

19. UNDERTAKER J. A. Wyman & Son
(Address) 2210 E. Eden St.

MAY 3 - 1938 Hattie Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr-29, 1938 to 5-2, 1938

I last saw her alive on 5-2, 1938 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Primary	4/30/38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) David Franklin M. D.

(Address) 122 E. Lee

F 46411 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46411

CERTIFICATE OF DEATH V 82-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Walter P. HUDSON — If U. S. Veteran specify WAR

(a) Residence: No. 6000 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 31. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cotton broker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME William M. Hudson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rignal Baldwin
(Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baldwin A. A. Co. Date May 3. 1938

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED — Registrar.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30. 1938

22. "I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to Apr. 30, 1938.

I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 6 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteric Colitis	ca. 15, 38
Cerebral Thrombosis developing into coma	4/25, 38
Senile Arterio-Sclerosis	Feb 1932
Cerebral Hemorrhage	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland Ave.

E 46412

9112
344065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-c

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur J. Elting

(a) Residence: No. 415 S. 11th St. St., ... Ward. Salt Lake City Utah
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nell

6. DATE OF BIRTH (month, day, year) 8-26-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Jesse Elting

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mary McLaury

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. [redacted]AL, CREMATION, [redacted]AL. Place London Park Date May 4, 1938

19. UNDERTAKER John W. Mitchell & Sons
(Address) 1912 Eutaw Place

FILED MAY 3-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to May 3, 1938
I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 17, 1938

For what disease or injury? Ca of Prostate

Name of operation Suprapubic resection

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NA
If so, specify

(Signed) F. E. Smith M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

MOORY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46413 E. CERTIFICATE OF DEATH 82-A 46413

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Monument St. 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Mabry

(a) Residence: No. 934 Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester County Pa

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Jay Henry Tubbs
(Address) 934 Monument St

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary Date May 4 1938

19. UNDERTAKER Adolphus Halford
(Address) 918 Bloodgood Ave

20. FILED 19 ... Registrar.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22 to April 30 1938

I last saw h alive on April 30 1938 Death is said to have occurred on the date stated above, at 9:55 m.

The principal cause of death and related causes of importance were as follows:

Date of onset April 20 1938

Chronic Diabetes Mellitus

Pneumonia Lobar

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 50 Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46414 — CERTIFICATE OF DEATH — F 46414

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Shirley ave 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Dyson

(a) Residence: No. 2450 Shirley ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embroidery Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Master

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Jacob Dyson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bonnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jean Dyson-Son

(Address) 2450 Shirley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Windsor Mill Md Date 5/3/38 19

19. UNDERTAKER Jack Lowe Inc

(Address) Hastings-Williamsport, Pa

20. FILED MAY 3 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/2/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify county or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) John F Evans M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46415

CERTIFICATE OF DEATH

82 aF 46415

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4514 Penhurst Ave St. 28-1 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Myrtle Buck

(a) Residence: No. 4514 Penhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony J. Buck

6. DATE OF BIRTH (month, day, year) April 28 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beechwood Pa.

FATHER

13. NAME Otis Andrews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Essie Glover

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anthony J. Buck
(Address) 4514 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 5 1938

19. UNDERTAKER Harry A. Kincaid
(Address) 4204 Ridgewood Ave

MAY 3 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to May 3 1938

last saw h alive on Apr 27 1938. Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	3 yrs
Other contributory causes of importance:	
Cerebral Apoplexy	Sudden

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm Bowman Lockwood M. D.

(Address) 2200 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

VS 5

46416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46416

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — CGK--32693 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17 Ward) 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Speede — If U. S. Veteran specify WAR

(a) Residence: No. 727 Dolphin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bessie

6. DATE OF BIRTH (month, day, year): 5-12-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	59	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Indies

FATHER

13. NAME: William Speede

14. BIRTHPLACE (city or town) (State or country): West Indies

MOTHER

15. MAIDEN NAME: Johanna Harrison

16. BIRTHPLACE (city or town) (State or country): West Indies

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Auburn — Date: May 4th 1938

19. UNDERTAKER: Ebey O Wilson
(Address) Funeral Director

20. FILED ... 19 ... Registrar.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938 to May 1, 1938

I last saw him alive on May 1, 1938. Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-20-38

Other contributory causes of importance:

Was an operation performed? No — Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Harold Sanitella, M. D.

(Address) Baltimore City Hospitals

16417 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16417

CERTIFICATE OF DEATH

31676 JS

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Horace Liebig

(a) Residence: No. 206 S. Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): 6-26-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: William Liebig

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lula Griffin

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/3/38 19

19. UNDERTAKER Frederick A. Coler
(Address) 200 N. Howard St.

20. FILED ..... 19 ..... Registrar, M.D.

MAY 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938, to May 2 1938.

I last saw him alive on May 2 1938. Death is said to have occurred on the date stated above, at 12:54 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lacheta M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46418

CERTIFICATE OF DEATH

46-BF 46418

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Gay St. St. 5-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Schillfarth

If U. S. Veteran specify WAR .....

(a) Residence: No. 1827 N. Gay St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of Barbara W. Schillfarth

6. DATE OF BIRTH (month, day, year) March-1-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74 Yrs.	2 Mo.	1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer wagon driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schillfarth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Barbara W. Schillfarth
(Address) 1827 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date May-5-1938

19. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1301 E. Eager St.

MAY 3-1938 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-2-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from January 5 1938 to May 2 1938

I last saw him alive on May 1 1938 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Intestines	1 year ago
Other contributory causes of importance: Cachexia & Metastases	1 month

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 1025 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46419

CERTIFICATE OF DEATH

348-9 F 46419

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Eden St. St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Michael Kimball

If U. S. Veteran specify WAR .....

(a) Residence: No. 1501 N. Eden St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of of the late Anna Kimball

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Abrahm Kimball

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Miss Bouchet

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Katherine Forrest
(Address) 1501 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt of Holy Redeemer Date May 5 19 38

19. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1301 E Eager St

FILED May 3 1938 [illegible]
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-1-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from January 9 1938 to May 1 1938

I last saw h[illegible] alive on March 38 Death is said to have occurred on the date stated above, at 11.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Postcavernous Thrombosis.	
Other contributory causes of importance: Hypertension.	
Ulcer	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. C. Wirth M. D.

(Address) 7314 W. North Ave.

F 46420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46420

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 W Mulberry St. 4-2 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Geary

(a) Residence: No. 768 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 16-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen County Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Charity Boyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Lillian Geary
(Address) 768 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date May 3 1938

19. UNDERTAKER Peter F. Wallace
(Address) 2012 N Schroeder St

FILED 19 Huntington Williams Asst

MAY 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the [illegible] described hereon and from the evidence (Inquest, Autopsy or Inquiry)
above, held as [illegible] (Inquest, Autopsy or Inquiry)
[illegible] said that said deceased came
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia (Primary)	April 29 1938

Other contributory causes of importance —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If (so) specify

(Signed) Lynn S. Allen, M. D.
Coroner

(Address) 530 St Paul St

USA

State whether the birth, stillbirth, or death is legitimate or illegitimate. See instructions on back of certificate. OCCUPATION is very important.

F 46421 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46421

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Eden St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William McKinley Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 203 N. Eden St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: Colord

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Baby

6. DATE OF BIRTH (month, day, year): March 1938. 3/19/38

7. AGE: Years ..... Months 1 month Days 1 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Balto

FATHER

13. NAME: McKinley Gray

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Burnett Johnson

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: McKenley Gray

(Address) 203 Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 3 1938

19. UNDERTAKER: Edward Bazan

(Address) 1241 Orleans St

20. FILED ..... 19.... Registrar

MAY 3 - 1938 Huntington Hilliard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5 - 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-25-1938 to 5-1-1938

I last saw h.... alive on 4-30-1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-25-38
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H. H. Longies M. D.

(Address) 611 N. Eden St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46122

CERTIFICATE OF DEATH

93-C F 46122

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Carrollton Ave 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Alton

(a) Residence: No. 707 Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unk

6. DATE OF BIRTH (month, day, year): Feb 21-1847

7. AGE: Years 91 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): King David County Va

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: Robinson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Irvin Schreiner

(Address) 707 N Carrollton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 3 1938

19. UNDERTAKER: Kate R. Williams

(Address) 322 N Schroeder St

MAY 3 - 1938 Kate R. Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset April 1 1938

Other contributory causes of importance:

Was an operation performed? unk Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 50 S Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46423

CERTIFICATE OF DEATH

93-cF 46423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Booth - St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Queen

U.S. Veteran specify WAR

(a) Residence: No. 940 Booth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Queen

6. DATE OF BIRTH (month, day, year) Aug 14-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Andrew Queen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bradford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Queen

(Address) 940 Booth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 3 1938

19. UNDERTAKER Kate B. Williams

(Address) 322 N. Eutaw Place

20. FILED MAY 3 - 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Essential Hypertension — Date of onset April 8 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis History — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jorge L. Allen M. D.

(Address) 509 Linden Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46424 HEALTH DEPARTMENT—CITY OF BALTIMORE 46424

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lydenham Hospital St. 3-7 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Poggioli — If U. S. Veteran specify WAR .....

(a) Residence: No. 815 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Poggioli

14. BIRTHPLACE (city or town) (State or country) Italy -

MOTHER

15. MAIDEN NAME Catherine Poggioli

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address) 815 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 3 1938

19. UNDERTAKER Frank Della Vale
(Address) 52 N. Monroe St

20. FILED MAY 3 - 1938 Registrar Huntington for Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27 1938 to May 1st 1938

I last saw him alive on May 1st 1938 Death is said to have occurred on the date stated above, at 1.57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	April 6
Interstitial pneumonia -	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry S. Gimbel M. D.
(Address) Lydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 3

46425

HEALTH DEPARTMENT—CITY OF BALTIMORE F 46425

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hosp (Ward) 5 9

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George F. Jenkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 2202 Lynhurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth A

6. DATE OF BIRTH (month, day, year) April 2 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn Md

FATHER

13. NAME Augustus Jenkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Lark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Charles E Jenkins
(Address) 2202 Lynhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Magothy Methodist Cem Date May 4 1938

19. UNDERTAKER William M Mareck
(Address) 715 Light St.

20. FILED MAY 3 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-22-37. 19... to 5-2-38. 19

I last saw h.IM. alive on 5-1-38. 19... Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Prostatic Hypertrophy	

Was an operation performed? Yes Date of 10-16-37

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) Eugene A Evans M. D.
(Address) South Baltimore General

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46126

CERTIFICATE OF DEATH

F 46126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 367 Rogers Ave St. 27-18 Ward) 8

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Myra E. Walters Sr

(a) Residence: No. (Usual place of abode) New York St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth Walters

6. DATE OF BIRTH (month, day, year) Feb 22, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paints

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Bernard M. Walters

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Whiting Conroy

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Myra E. Walters Sr.

(Address) 367 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place New York Date May 5 38

19. UNDERTAKER Bernard A Funk

(Address) 6411 Belair Road.

MAY 3 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and (or) from my own knowledge, I pronounce that death occurred at 7 P.M. on the date stated above, from the following causes:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Adam Conroy, M. D. Coroner

(Address) 120 W. Lexington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 46427

F 46427 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E60542

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Williamson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1526 E Preston St. St., B2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) January 31, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Levi Williamson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Viola Ross

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL, MAY 3 - 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

MAY 2 1938, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1937 to February 1, 1937
I last saw him alive on February 1, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-1-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) E. W. Overstreet, M. D.
(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V6 3

3978

F 46128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46128

CERTIFICATE OF DEATH

Registered No. 459

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby of Ida Cameron
If U. S. Veteran specify WAR

(a) Residence: No. 201 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) April 23, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest Cameron
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ida Kent
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAY 3 - 1938 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Monroe

20. FILED Arthur Williams Registrar.

MAY 3 - 1938 3979

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938 to April 24, 1938
I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows: Prematurity — Date of onset 4-23-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. W. Overstreet M. D.
(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 46429

46429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View St., 26-9 Ward)

Registered No. 872

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Leroy E. Simmons

(a) Residence: No. 3505 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Theresa L. Simmons

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Theresa L. Simmons
(Address) 3310 Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date May 5 1938

19. UNDERTAKER John M. Welby
(Address) 401 S. Chester St.

20. FILED May 5 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull — Date of onset May 1 1938

Other contributory causes of importance: Alcoholism, Intoxicated — some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 1, 1938

Where did injury occur? 3505 Bank St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell struck mad on lamp.

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5-1938

F 46430
#32869
SF

46430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-2 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joshua Stokes

(a) Residence: No. 1019 Hager Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Judith 1883

6. DATE OF BIRTH (month, day, year) 5/16/~~1870~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~64~~ 54 ~~65~~	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Prince Stokes

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem 5-3 Date May-3 1938

19. UNDERTAKER Mrs. C. A. Elliott-Daughter
(Address) 1129 N. Caroline St

20. FILED May 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/38

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to April 29, 1938

I last saw him alive on April 29, 1938. Death is said to have occurred on the date stated above, at 535 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lober pneumonia	4-21-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. G. De Lautrette M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Gulbin

F 46431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46431

CERTIFICATE OF DEATH

46-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 22-2 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie Gulbin

(a) Residence: No. 513 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Gulbin

6. DATE OF BIRTH (month, day, year) Feb. 7-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chambermaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland.

FATHER

13. NAME Jacob Jones Swift

14. BIRTHPLACE (city or town) (State or country) Portland

MOTHER

15. MAIDEN NAME Maria Lass

16. BIRTHPLACE (city or town) (State or country) Portland

17. INFORMANT Mrs. John H. Wendler (Address) 2729 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date May. 4 38

19. UNDERTAKER George L. Lehnert. (Address) 2101 Frederick Ave

20. [illegible] 19 [illegible] Register

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9 1938 to May 1 1938

I last saw h.e.r. alive on May 1st 1938. Death is said to have occurred on the date stated above, at 3 35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the sigmoid with metastasis	6 mos.
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/29/38.

For what disease or injury? Carcinoma

Name of operation Laparotomy, Enterostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Lindauer M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

46432 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 46432

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Wilhelm St. St. 19-4 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby McCubbin

If U. S. Veteran specify WAR

(a) Residence: No. 1817 Whilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 21 1938.

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James A. McCubbin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ella Brink

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James A. McCubbin

(Address) 1817 Whilhelm St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 3 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

3 - 1938 Registrar

3983

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (8 mos.)	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Martin Hanna M. D.
Coroner

(Address) 1822 W. Baltimore St.,

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16433

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Linwood ave St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie M. Bauget

If U. S. Veteran specify WAR .....

(a) Residence: No. 814 N. Linwood ave St., 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen George A. Bauget

6. DATE OF BIRTH (month, day, year) Jan 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Kredt.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josepline Linder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Annie Dabis

(Address) 814 N. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 4 1938

19. UNDERTAKER Lilly & Zeiler Bros

(Address) 403 So. Wolfe St

20. FILED ... 1938 ... Registrar.

3-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28 38 to May 1 38

I last saw him alive on May 1 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	
Cystic Ovary.	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? Yes Date Apr 28 38

For what disease or injury? Laparotomy

Name of operation Left Ovariectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) Fred Reyer M. D.

(Address) 818 N. Patterson Park

F 46434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46434

X53-C

CERTIFICATE OF DEATH

Registered No. 9-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Gorsuch Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Max V. Holly

(a) Residence: No. Old Harford Rd (Usual place of abode) Parkville St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Mary Holly

6. DATE OF BIRTH (month, day, year) June 15 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Lissow Germany

FATHER

13. NAME Joseph Holly

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Neubert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Holly (Address) Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date May 6 1938

19. UNDERTAKER Wilson Logue (Address) 1247 St Paul St

Filed MAY 4 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1938 to May 3, 1938

I last saw him alive on May 2, 1938 Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	?
	now

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/11/38

For what disease or injury? Brain tumor

Name of operation

What test confirmed diagnosis? Operation Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon, M. D.

(Address) 2810 Taylor Ave. Hamilton P. O.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16435 F 46435

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32957 SF

CERTIFICATE OF DEATH

25-4 ✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward) Ilfe

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Eichhorst

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3615-6th St. Brooklyn St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/24/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	58	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Ind. Alcohol Corp.

10. Date deceased last worked at this occupation (month and year) 5/9/38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME William Eichhorst

14. BIRTHPLACE (city or town) Maine (State or country)

MOTHER

15. MAIDEN NAME Eliz. Hildebrandt

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date May 6th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul st

20. FILED ..... 19..... Registrar.

MAY 4 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 3, 1938

I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lubelle M. D.

(Address) Baltimore City Hospitals

RACE, COLOR, OR CONDITION is to be stated in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 46436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46436

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Carey St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth N. Olsen

If U. S. Veteran specify WAR World

(a) Residence: No. 7 S. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Olsen

6. DATE OF BIRTH (month, day, year) July 16th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME George G. Whitter

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Seitz

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT William Olsen
(Address) 7 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 5th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAY 4 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 2 1938

I last saw her alive on May 2 1938 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) Robert N. Wolcott M. D.

(Address) 1801 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46437 Dove F 46437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Webster Dove

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1633 Clifview Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie S. Dove

6. DATE OF BIRTH (month, day, year): Oct 6th 1890

7. AGE: Years 47 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coalburner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rail Copper Mfg

10. Date deceased last worked at this occupation (month and year): 4/25/38

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balt

FATHER

13. NAME: Webster Dove

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Un Known Richardson

16. BIRTHPLACE (city or town) (State or country): Un known

17. INFORMANT: Mamie S. Dove

(Address): 1633 Clifview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: May 5th 1938

19. UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

20. FILED: MAY 1 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Septic — Date of onset 5/1/38

Other contributory causes of importance: Acute Pericarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crow M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 46438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46438

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3849 Roland ave (St.) 13-7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Ware Diven.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3849 Roland ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: J Blaine Diven

6. DATE OF BIRTH (month, day, year): May 11-1885

7. AGE: Years 52 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Wm Boden Ware

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Mary E Ridgeley

16. BIRTHPLACE (city or town) (State or country): Florida

17. INFORMANT: Wallace Diven

(Address) 3849 Roland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greene Date May 5th 1938

19. UNDERTAKER: Wm Cook

(Address) 217 St. Paul st

20. FILED 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and that the evidence (Inquest, Autopsy or Inquiry)

adduced by said (Inquest, Autopsy or Inquiry) fell that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset

Other contributory causes of importance: Hanging

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 2 1938

Where did injury occur? At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore 3849 Roland.

Manner of injury Hanging Strangulation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 1 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

46439 46439

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2346 Belair Road St. E-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Schwarz

(a) Residence: No. 2346 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah M. Schwarz

6. DATE OF BIRTH (month, day, year) Sept. 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sand & Gravel

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Gottlieb F. Schwarz

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Margaret Blum

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Hannah M. Schwarz,
(Address) 2346 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 6, 1938

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road

FILED MAY 4 - 1938 Hastings Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 3rd, 1938
I last saw him alive on May 2, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Sept 1937
Other contributory causes of importance: Acute nephritis	May 1st 1938

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward Benson M. D.
(Address) 1 W. Oversea ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46440 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46440

CERTIFICATE OF DEATH

✓ 117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hosp 4-3 Ward)

Length of residence in city or town where death occurred 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Reed Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 1127 William St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Reed.

6. DATE OF BIRTH (month, day, year) Feb. 18 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Reed.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Hunter

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Bridget Reed.

(Address) 1127 William St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross a&c Date 5-7 1938

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

20. FILED ..... 19..... Registrar

Huntington, W. Va.

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936. 19 to 5/3/38. 19

I last saw h in alive on 5/3/38. 19 Death is said to have occurred on the date stated above, at 10.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	4/29/38
Other contributory causes of importance:	
General Peritonitis.	4/29/38
Congestive Pneumonia	5/2/38

Was an operation performed? Yes Date of 5/1/38

For what disease or injury? Perforated gastric ulcer

Name of operation Laparotomy

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) 1125 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wheattley

F 46441

F 46441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James W. Wheattley

(a) Residence: No. 729 Mc Kewin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Wheattly

6. DATE OF BIRTH (month, day, year) July 20, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamine Wheattly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary E. Wheattly

(Address) 729 Mc Kewin Av.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemy Date May 6 1938

19. UNDERTAKER Henry Hoelscher Sons Inc

(Address) 130 E Eager St

20. FILED 1938 Registrar

MAY 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arteriselerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident April 1o, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Street Car struck rear of Auto

Nature of injury at Greenmount & Biddle St

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F K O'Neill M. D.

Coroner

(Address) 2251 Guilford Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16442

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Schichetano (Scichetano)

(a) Residence: No. 134 6th Ave. St., ... Ward. Shannon Pl.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter

6. DATE OF BIRTH (month, day, year): Nov 8th 1892 12/8/93

7. AGE: Years 45 44 ? | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: James Stier

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Records - JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cemty Date May 5 38

19. UNDERTAKER: William Bock (Address) 217 S. Paca Street

20. Filed MAY 6 1938, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to May 2 1938

I last saw her alive on May 2 1938 Death is said to have occurred on the date stated above, at 3 57 75 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Diabetes	
Peri-nephritic Abscess with Rupture into Peritoneal Cavity	

Other contributory causes of importance: Cardiac Hypertrophy & Dilatation

Was an operation performed? Yes Date of 5-2-38

For what disease or injury? Peri-nephritic Abscess

Name of operation Nephrostomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46143

46443 HEALTH DEPARTMENT—CITY OF BALTIMORE

#32892 SF

CERTIFICATE OF DEATH

V 46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Mary F Barnes

If U. S. Veteran specify WAR

(a) Residence: No. 1008 W. Fayette St. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/1/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	63	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Barnes

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

MOTHER

15. MAIDEN NAME Henriette ?

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 6, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED MAY 6 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1938 to 5-1, 1938

I last saw her alive on 5-1, 1938 Death is said to have occurred on the date stated above, at 12.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis Howard Jr. M. D.

(Address) Balto. City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 2

F 46444

F 46444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Bilmor St. St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 68 yrs. 11 mos. ... ds.

2. FULL NAME Aaron Cornish

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 N Bilmor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Cornish

6. DATE OF BIRTH (month, day, year) May 1st 69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	1st	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylor Island Md

FATHER

13. NAME Isaac Cornish

14. BIRTHPLACE (city or town) (State or country) Taylor Island Md

MOTHER

15. MAIDEN NAME Mary Travers

16. BIRTHPLACE (city or town) (State or country) Taylor Island and Md

17. INFORMANT Sophia Cornish

(Address) 523 N. Bilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 4, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

MAY 4 1938 Katie R. Williams, U.D. (Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to April 30, 1938.

I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at 11½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. R. Campbell M. D.

(Address) 718 Dolphin St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46445 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46445

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hos St 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Picco

If U. S. Veteran specify WAR

(a) Residence: No. 422 ½ Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/26/19

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	5 11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel Picco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem

19. UNDERTAKER Wm. Faulkner Virgilio Funeral
(Address) 1546 W Pratt St

20. [illegible] 19 ...
Registrar.

MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/38 . 19 ... to 5/3/38 . 19 ...

I last saw him alive on 5/3/38 . 19 ... Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Torsemia due to intestinal obstruction	6 days

Other contributory causes of importance:

Volvulus of entire mesentery

Was an operation performed? yes Date of 5/1/38

For what disease or injury? Obstruction

Name of operation Release of adhesions

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

F 46446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46446

CERTIFICATE OF DEATH

✓ 46-B

1-PLACE OF DEATH

City of BALTIMORE: (No.) 577 Baker St. Ward 14-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johan Phillips

(a) RESIDENCE NO. 577 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Peter Phillips

11 BIRTHPLACE OF FATHER (City or town) (State or country): Calvert Co. Md

12 MAIDEN NAME OF MOTHER: Alcia Frost

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Calvert Co. Md

14 Informant: Elizabeth Phillips

(Address) 577 Baker St

15 Filed ..., 19.. Registrar

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1938

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1937 to May 2 1938, that I last saw h.. alive on May 1 1938, and that death occurred, on the date stated above, at 12 M. a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Myocarditis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) [illegible] M. D.

, 19 (Address) 1202 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Date of Burial May 6 1938

20 UNDERTAKER: V. A. Brooks ADDRESS 1463 N. Carey St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Winaker

F 46447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46447

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (Ward) 9-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 36 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Winaker

(a) Residence: No. 1196 Kennedy St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Litta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 5/5/38

19. UNDERTAKER Sam Levine

(Address) 1439 E. Baltimore St

20. FILED ..... 19... Registrar

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1938 to 5-3, 1938

I last saw him alive on 5-3, 1938 Death is said to have occurred on the date stated above, at 1240 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4-26-38
Other contributory causes of importance: Hypertension Heart Disease	?

Was an operation performed? Yes Date of 4-26-38

For what disease or injury? Intestinal Obstruction

Name of operation Release Strangulated Hernia

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) W. 5 St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46448

CERTIFICATE OF DEATH

53-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1718 (St.) Ruxton Ave (Ward) 15-3

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Harry Klawansky

(a) Residence: No. 1718 St. Ruxton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubin Klawansky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nat Williams (Address) 2007 Wolfe Ave

18. BURIAL, CREMATION, OR REMOVAL Place Edgar Russels Date 5-4-38 19

19. UNDERTAKER Isidore Bros Jack Levine (Address) 1439 E. Balto St.

20. FILED 19 Registrar

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 19 38 to May 4 19 38

I last saw h. in alive on May 3, 1938 5:30 A. M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Carcinoma of gland — Date of onset Dec 1937 ?

(Other contributory causes of importance)

Metastasis of Brain — Apr 20, 38 ?

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Biopsy (W) Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Levinson M. D.

(Address) 4004 Liberty Hgts Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46449

CERTIFICATE OF DEATH

46449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 22nd Ward) 11

95-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Randolph O. Barnard

If U. S. Veteran specify WAR

(a) Residence: No. 5306 York Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen P. Barnard.

6. DATE OF BIRTH (month, day, year) June 12, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B & O.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 13. 1938

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME George O. Barnard,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Emma Oneal

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Ellen P. Barnard.

(Address) 5306 York Road

18. BURIAL, CREMATION, OR REMOVAL MAY 6 1938

Place Loudon Park Date ... 19...

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED ... Registrar

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2. 1938 to May 7. 1938

Last saw h... alive on May 3 1938 Death is said to have occurred on the date stated above, at 2 20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease. Chronic	
Subacute bacterial endocarditis stage	
Other contributory causes of importance: Tobacco amblyopia	Jan 1938

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Typical exam Blood cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George H. Lewis, M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46450

CERTIFICATE OF DEATH

93c F 46450

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Weldon Ave St.; 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice A. Snowden

If U. S. Veteran specify WAR

(a) Residence: No. 1213 Weldon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Timothy M. Snowden

6. DATE OF BIRTH (month, day, year) Dec 12, 1870.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 0 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

FATHER

13. NAME Harvey Tomlinson.

14. BIRTHPLACE (city or town) md.
(State or country)

MOTHER

15. MAIDEN NAME Eliza J. ?

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Morgan Lee Snowden
(Address) 1502 Weldon Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date May 5 1938

19. UNDERTAKER C. Kenny Lodge
(Address) 3415-17 Chestnut Ave

20. FILED MAY 4 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to May 3, 1938

I last saw her alive on May 2, 1938. Death is said to have occurred on the date stated above, at 5 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	5/1/38
Other contributory causes of importance: Chronic Myocarditis.	5/24/38
Cardiac Nephritis Decompensation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank H. Martin M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. D 1268-9

Ex Schenker - 1919 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46451

CERTIFICATE OF DEATH

F 46451

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 E. Chase St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Glenn

If U. S. Veteran specify WAR

(a) Residence: No. 837 E. Chase St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Glenn

6. DATE OF BIRTH (month, day, year) March 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (61)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ex Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Glenn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary M. ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Glenn

(Address) 837 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date May 6, 1938

19. UNDERTAKER Thos. Kirwan & Son

(Address) 3615 W Chestnut Ave

20. FILED MAY 4 - 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) Same

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 46452 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46452

CERTIFICATE OF DEATH

× 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida M. Michael

If U. S. Veteran specify WAR

(a) Residence: No. Aberdeen, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William B. Michael

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Courtney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs P. T. Baker

(Address) Aberdeen Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Grove Cem Aberdeen Date May 6, 1938

19. UNDERTAKER Hy. Tawney Sons.

(Address) Aberdeen.

20. FILED MAY 7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to May 4, 1938

I last saw h[illegible] alive on May 4, 1938 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal disease	5 yrs
Other contributory causes of importance: Bronchopneumonia Senility	1 mo.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Mullen M. D.

(Address) Mercy Hospital Baltimore, Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46453 — CERTIFICATE OF DEATH — ✓ 108 — F 46453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Mulberry St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Davis

If U.S. Veteran specify WAR

(a) Residence: No. 911 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — —

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lelia Sugar

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theatrica Woolford

(Address) Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date May 5th 38

19. UNDERTAKER E O Wilson

(Address) 1000 Brantley ave

MAY 4 - 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25 38 to May 7 1938

I last saw her alive on May 7 1938. Death is said to have occurred on the date stated above, at 5.05 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wagner M. D.

(Address) 627 Schroeder

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46454

CERTIFICATE OF DEATH

F 46454

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4715 Liberty Heights St.) (Ward) 28-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lennie Walter Lurlington. If U. S. Veteran specify WAR W. W.

(a) Residence: No. 4715 Liberty Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katy Lurlington

6. DATE OF BIRTH (month, day, year): Dec 11, 1896

7. AGE: 42 Years | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clinton N C

FATHER

13. NAME: Richard C. Lurlington

14. BIRTHPLACE (city or town) (State or country): Clinton N C

MOTHER

15. MAIDEN NAME: Sudie Du Cobb

16. BIRTHPLACE (city or town) (State or country): Clinton N C

17. INFORMANT: Katie Lurlington

(Address): 4715 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL

Place: Bath National Date: 5/4 1938

19. UNDERTAKER: Robert Brooks & Son

(Address): Calhoun & Fallsway

20. FILED: MAY 4 - 1938 Registrar of Wills

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1030 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	

Other contributory causes of importance: Mentally deranged

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 5-2, 1938

Where did injury occur? 4715 Liberty Heights Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Shot self with pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Ayre, Coroner M. D.

(Address) 1215 Mercer

V S 6

WRITE PLAINLY with pen and ink. Be sure that every item and every statement is complete. Omit no information which can be obtained. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46455

CERTIFICATE OF DEATH

23 F 46455

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 East St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Engnery

If U. S. Veteran specify WAR .....

(a) Residence: No. 153 East St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) March 15th 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary L. Watkins

(Address) 420 W. Ethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 5-7th 1938

19. UNDERTAKER Ernest Mamie Jr Knight

(Address) 12 B. M. C. Eldersley St

20. FILED MAY 4 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26- 1938 to 5-3 1938

I last saw him alive on 5-3-1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset April 25 1938

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 950 E. Augusta St.

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16456 16456

CERTIFICATE OF DEATH

9H-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5305 Nuth ave St. 26-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Springer Walmsley

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 5305 Nuth ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise M. Walmsley

6. DATE OF BIRTH (month, day, year) May 28-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stal Die Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME James G. Walmsley

14. BIRTHPLACE (city or town) Elton, Md. (State or country)

MOTHER

15. MAIDEN NAME Emma Barrichman

16. BIRTHPLACE (city or town) Baltimore, Md (State or country)

17. INFORMANT Mrs. Louise M. Walmsley

(Address) 5305 Nuth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 5 1938

19. UNDERTAKER Geo. M. Zickler

(Address) 1737 Eagle St.

20. FILED MAY 4 - 1938 Huntington Wilkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to May 2, 1938

I last saw him alive on May 1, 1938. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 mos

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2300 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166

1. PLACE OF DEATH Balto. Canton — Registered No. F 46457

CITY OF BALTIMORE: (No. 1500 Broad Boston St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Vincent Walkowiak

(a) Residence: No. 501 Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jan Walkowiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosa Jenner

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Reymond
(Address) 501 Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 5/5/38

19. UNDERTAKER John L. Dudzik
(Address) 224 Hudson St

20. FILED 19 Registered

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	May 3 1938

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 19 38

Where did injury occur? Balto. Harbor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor

Manner of injury ?

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 111 E. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46458 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46458

CERTIFICATE OF DEATH

X 157-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia N. ~~Eitz~~ Warthen

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 Ralston Ave - Hyattsville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 17, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Warthen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Priscilla Emmerick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Thos Warthen
(Address) Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Christ Ch. Woodbourne Date May 4, 1938

19. UNDERTAKER a. a. Cosby
(Address) Wm. J. Tschudy & Son
North & Pa. Ave.

20. FILED MAY 4 - 1938 [illegible] Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to May 3, 1938.

I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 11.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	April 29
Other contributory causes of importance: Spina bifida	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Becht, M. D.

(Address) Johns Hopkins Hospital

F 46459

F 46459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 Sluting St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Blunt

If U. S. Veteran specify WAR.

(a) Residence: No. 735 Sluting St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1907

7. AGE: Years 30 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Blunt

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Mason

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT W Blunt (Address) 735 Sluting St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 4 1938

19. UNDERTAKER Edward Bryan (Address) 1241 orleans st

20. FILED 19 Huntington Williams, M.D.

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence (Inquest, Attorney or Inquiry)

~~viewed by said inquest~~ find that said deceased came (Inquest, Attorney or Inquiry)

~~to~~ his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis — Date of onset about Jan 1 1930

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jesse P. Allen M. D.

(Address) 850 Park Ave Coroner

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16460

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Patricia Caltrider

If U. S. Veteran specify WAR

(a) Residence: No. 49 Gorman Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar. 21, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marshall C. Caltrider

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice M. Whalen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. M. Caltrider

(Address) 49 Gorman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvalier Date May 5 38

19. UNDERTAKER Fred. H. Kramer & Son

(Address) 1216 E. Chase St.

20. FILED ... 19... Registrar

MAY 4 - 1938 H. Hughes Hilliard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 3, 1938

I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Pyloric Stenosis, Partial — Date of onset 4 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Gilbert E. Rudisill M. D.

(Address) St. Joseph's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46461

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 FLEET ST St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME EMMA KAHLER

If U. S. Veteran specify WAR

(a) Residence: No. 2536 FLEET ST St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of JACOB KAHLER

6. DATE OF BIRTH (month, day, year) AUG. 10/ 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
64	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PITTSBURGH PA.

FATHER

13. NAME HENRY GOBEL

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME UNKOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JACOB KAHLER (HUS)
(Address) 2536 FLEET ST.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARMEL Date MAY 5 1938

19. UNDERTAKER Filby & Zeiler Inc
(Address) 405 S. Bolle St.

20. FILED MAY 4 - 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 2 , 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to May 2, 1938

I last saw her alive on May 2 1938 Death is said to have occurred on the date stated above, at 3/15 pm

The principal cause of death and related causes of importance were as follows:

Hypertension Arterio-Vascular Disease — Date of onset

Asthenia (Dr. Humphreys)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Hamerman M. D.

(Address) 1057 E Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46462

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Boyd

If U. S. Veteran specify WAR

(a) Residence: No. 711½ Edmondson Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 4/6/1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) ...
(State or country) Maryland

MOTHER

15. MAIDEN NAME Corinne Boyd

16. BIRTHPLACE (city or town) ...
(State or country) Maryland

17. INFORMANT B.C.H. records
(Address)

18. BURIAL, (CREMATION), OR REMOVAL Cremation
Place Balto. City Hosp. Date 5 2 38 19

19. UNDERTAKER ...
(Address)

20. FILED MAY 4 1938 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to April 28, 1938

I last saw him alive on April 28, 1938 Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure due to Congenital malformation	Birth

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irmgard Graham, M. D.

(Address) B. C. H.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46463

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pavilion # 5 D. H. Park Ward 13-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60 yr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 4 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAY 4 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... Inquest on and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me and ... find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hanging — Date of onset 4/24/38

Other contributory causes of importance: Strangulation

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4-24 1938

Where did injury occur? Pavilion # 5 D. H. Park

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place D. H. Park

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A. Crain M. D.

Coroner

(Address)

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46464

CERTIFICATE OF DEATH

93-e

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 W. Baltimore St. 19-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Agnes Kuhl

(a) Residence: No. 1811 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gottlieb Kuhl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schilling

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph A. Muth

(Address) 1811 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 5/38 19

19. UNDERTAKER Harry F. Weiskerger

(Address) 4101 Edmondson Ave.

20. FILED ... 19...

MAY 4 - 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to May 2, 1938

I last saw h[illegible] alive on May 2, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	1/1/38
Other contributory causes of importance: None	

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation None.

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ...

(Signed) Chas. Norton, M. D.

(Address) 888 N. Loudon St.

INSTRUCTIONS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46465

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 E. 40th St. 13-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie C. Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1127 E. 40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Peters

6. DATE OF BIRTH (month, day, year) Aug. 12-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Minnie C. Lutz

(Address) 1127 E. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date May 5 1938

19. UNDERTAKER Joseph F. Burger

(Address) 363 Fall Road

20. FILED MAY 4 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1935 to May 2 1938

I last saw her alive on May 2 1938. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Disease	
Hypertension	1935

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. C. Witzberger M. D.

(Address) 855 N. 36 St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46466

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 131

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Wm. Thomas Hunt — If U. S. Veteran specify WAR

(a) Residence: No. Ecleston, Md. (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha E. Bosley

6. DATE OF BIRTH (month, day, year) 2/9/1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

FATHER

13. NAME William T. Hunt

14. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Bosley

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT Martha Bosley (Address) 5617 Plymouth Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem. Date 5/5/38 19

19. UNDERTAKER Leonard J. Rinehart (Address) 5305 Harford Rd.

20. FILED ..... 19..... ..... Registrar.

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1938 to May 3, 1938

I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Supposed Mar 26 1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Kidney Tests Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. D. Sweeney M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46467

E 46467 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Ashburton St. 15-6 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Essig

(a) Residence: No. 1807 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A Essig

6. DATE OF BIRTH (month, day, year) Sept 18th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Belair Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Essig

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna A Essig Wife
(Address) 1807 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 5/5/38

19. UNDERTAKER Geo Schilling & Sons
(Address) 1116 Monument St

20. FILED ... Registrar.

MAY 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938 to May 3, 1938
I last saw him alive May 3, 1938. Death is said to have occurred on the date stated above, at 1245 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rhumatism	April 20, 1938
Coronary occlusion	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) 2757 W. North Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46468

CERTIFICATE OF DEATH

× 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James H. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 209 N. Bushwood Ave. St., ... Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jennie Smith

6. DATE OF BIRTH (month, day, year): May 31, 1865

7. AGE: Years 73 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired B&O R.R.

10. Date deceased last worked at this occupation (month and year): 6/37

11. Total time (years) spent in this occupation: 54 yrs.

12. BIRTHPLACE (city or town) (State or country): Berkley Springs West Virginia

FATHER

13. NAME: James W. Smith

14. BIRTHPLACE (city or town) (State or country): W. Va

MOTHER

15. MAIDEN NAME: Martha Widmyer

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT: Mrs. Jennie Smith 209 N. Bushwood Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL: W. Va. Randolph Cem. Martinsburg May 5 1938

19. UNDERTAKER: Easton Sons & Ellicott City

(Address)

20. May 4 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/17/38, 19... to 5/3/38, 19...

I last saw him alive on 5/3/38 19... Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis C.V.D	
Cerebral Clot	4/17
Sympathetic Pneumonia	
Cerebral clot	5/2.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Kaylor M. D.

(Address) Catonsville Md.

X. B.—WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 1938

M. D. F. 1269-9

F 46469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46469

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Franklintown Rd 70-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Hargrove

(a) Residence: No. 103 S. Franklintown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed~~ or Divorced (write the word)
Fem	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) July 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. dont know

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Franz Telusch

(Address) 103 S Franklintown

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 4 . 1938

19. UNDERTAKER George L. Dalsheimer

(Address) 2101 Frederick Ave

20. MAY 4 1938 H. Douglas Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 25 Apr . 1938

22. I HEREBY CERTIFY That I attended deceased from 11 Apr . 1938 to 25 Apr . 1938

I last saw h alive on 24 Apr . 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown.

Other **contributory causes** of importance:

none	
none	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Bruce Hooper M. D.

(Address) 2565 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 343794

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Shippen

If U. S. Veteran specify WAR

(a) Residence: No. 18 Hedgehill St St., ... Ward. Princeton N. J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jean

6. DATE OF BIRTH (month, day, year) 3/20/79

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public accountant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey.

FATHER

13. NAME Francis Shippen

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Ellen Kellogg

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Princeton N.J. Date 5-6-38

19. UNDERTAKER John C. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED MAY 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to May 5, 1938

I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, left cerebral	
Glioma (malignant)	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. '37 - April 38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Wallace Graybeal M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 46471

34-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 Lloyd St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ignatz Duroshko

If U. S. Veteran specify WAR yes

(a) Residence: No. 39 Lloyd St., Ward New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Fannie Duroshko

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Henry Duroshko

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Fannie Duroshko

(Address) 39 Lloyd Street

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Date May 5 1938

19. UNDERTAKER John J. Greblunaskas

(Address) 1423 S. Paca Street

20. FILED [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to May 2, 1938

I last saw him alive on May 2, 1938. Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	5/2/38
	over
Other contributory causes of importance: Acute Pulmonary Edema	5/2/38

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. A. Zimmerman M. D.

(Address) Medical Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4—1938

H

F 46472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46472

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Offelder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Wilson Lane Apt. W St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Offelder

6. DATE OF BIRTH (month, day, year) May 10 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Beckheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Stadtlander

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Emanuel Beckheimer Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Sinai Date May 6 1938

19. UNDERTAKER (Address) 2432 Eastern Ave

20. FILED MAY 4 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 1938 to May 1938

Last saw her alive on April 30 1938 Death is said to have occurred on the date stated above, at 7:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive and arteriosclerotic cardiovascular disease	2y (?)
Other contributory causes of importance: Overwhelming edema	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Schmidt M. D.

(Address) Sinai Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Northway Apts 906 St., 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Dunn

If U. S. Veteran specify WAR No Record

(a) Residence: No. Northway Apts St., Ward.

(Usual place of abode) 25 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: Frank Henry Dunn

6. DATE OF BIRTH (month, day, year): May 24 1852

7. AGE: Years 85 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Radford Ireland

FATHER

13. NAME: Ritchie

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs H H. Strickland

(Address) Northway Apts 906

18. BURIAL, CREMATION, OR REMOVAL: Mt Hill Cem Phila May 6 1938

19. UNDERTAKER: Wreciam Cook

(Address) 1217 St Paul St

20. FILED: Huntington Williamsport Pa

Registrar.

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3" 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1937, to May 3', 1938

I last saw h[illegible] alive on May 3" 1938. Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

Mitral and Aortic Regurgitation. Arterial Sclerosis. — Date of onset 20 yrs

Other contributory causes of importance: Intestinal Obstruction; — 2 days

Was an operation performed? No Date of

For what disease or injury? —

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert E. Zapp M. D.

(Address) 3048 N. Howard Av.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46174

F 46174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.
U. S. Veteran (Yes or No) specify WAR No Record

2. FULL NAME George K Burnett
(a) Residence: No. 612 East Baltimore St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Alpha L Burnett

6. DATE OF BIRTH (month, day, year) March 2 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ferro Enamel Foundry
10. Date deceased last worked at this occupation (month and year) 4/37
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George K Burnett
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Flossie Pollard
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Pollard H Burnett
(Address) 3723 W Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 5 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams Registrar
MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938.

22. I HEREBY CERTIFY, That I last saw the above-named deceased on May 3 1938, and that he died at 1:45 o'clock P. M. on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Wolfe M. D.
(Address) 1211 Mott Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46475

46475 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N. Lafayette Av 16-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dorothy I Harris

If U. S. Veteran specify WAR

(a) Residence: No. 1629 N Lafayette Av St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	~~married~~ Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr Dress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Chapman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel Harris
(Address) 1629 N. Lafayette Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/5/38

19. UNDERTAKER Samuel M. Chase Sons
(Address) 638 N. Gilmor

20. FILED 19 ~~Hattie Williams~~ Registrar

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29. 1938 to May 2 . 1938

I last saw her alive on May 1 . 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	Jan '38
is generalized tuberculosis	

Other contributory causes of importance:

Miliary tuberculosis

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation none

What test confirmed diagnosis? ~~plural~~ ~~wet~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ . 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) R. H. Young M. D.

(Address) 1429 Eutaw Pl

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46476

F 46476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No.) St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR World War

2. FULL NAME Adam Zephir

(a) Residence: No. 120 N. Burnett St. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Elizabeth Wagner Zephir

6. DATE OF BIRTH (month, day, year) Feb. 20, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Zephir

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Dora Zang

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records - U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 5/7 1938

19. UNDERTAKER Margaret G. Flynn (Address) 207 N. Paca St

20. FILED [illegible] Registrar.

MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 4, 1938

I last saw h. alive on May 4, 1938. Death is said to have occurred on the date stated above, at 3:45a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	unknown
Embolism, cerebral	2 days
Pneumonia, lobular, terminal	1 day

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. Boy, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46477

46477 HEALTH DEPARTMENT—CITY OF BALTIMORE

#32309
SF

CERTIFICATE OF DEATH

✓48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Vickers

(a) Residence: No. 424 S. Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married (sep)

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Vickers

6. DATE OF BIRTH (month, day, year) 11/4/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Archibald Riddle

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Wall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 7/38

19. UNDERTAKER Williams Leeds
(Address) 217 St Paul St.

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1938 to 5-3, 1938

I last saw her alive on 5-2, 1938 Death is said to have occurred on the date stated above, at 7.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastases urethra	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward, M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 5 - 1938

A 16478

HEALTH DEPARTMENT—CITY OF BALTIMORE

16478

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704-n. 20th. Street St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa M. Lushbaugh

If U. S. Veteran specify WAR no

(a) Residence: No. 704-n. 20th Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Julia T. (Jennings)

6. DATE OF BIRTH (month, day, year) 11/22/1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
76	5	11	XXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk PRR.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Martin Lushbaugh

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Eleanor Chancellic

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Julia T. Lushbaugh

(Address) 704- n. 20th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 5/5/38

19. UNDERTAKER George J. Roth, Inc.

(Address) 1733-Harford Ave.

20. FILED , 19 Registrar.

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/1938

22. I HEREBY CERTIFY, That I attended deceased from 4/28/1938 to 5/3/1938

I last saw h[illegible] alive on 5/3/1938 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/2/38
Myocarditis	3 years
Other contributory causes of importance:	
Arteriosclerosis	8 years
Otitis media	15 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. White M. D.

(Address) 532 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46479

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Bielamowicz

(a) Residence: No. 2029 Bank St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Julie Bielamowicz

6. DATE OF BIRTH (month, day, year) Dec. 16, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wojciech Bielamowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME agata

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Casimer Bielski

(Address) 2011 Forster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 6 1938

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern ave

20. FILED Huntington Williams, Registrar

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-38

22. I HEREBY CERTIFY, That I attended deceased from 4-30-38 to 5-4-38

I last saw him alive on 5-4-38 Death is said to have occurred on the date stated above at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	4-26
Diabetes mellitus	?

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Wagbelstein M. D.

(Address) Sydenham Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a F 46480

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 8 Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise P. Riggin

(a) Residence: No. 1676 Normal Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minerva Riggin

6. DATE OF BIRTH (month, day, year) June 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fisherman

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

FATHER

13. NAME John Riggin

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) (State or country) Crisfield Md

17. INFORMANT Mrs. Louis Ward Daughter (Address) Crisfield Md.

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Mem Crisfield Date May 8 1938

19. UNDERTAKER D. L. Lawson (Address) Crisfield Md

20. FILED MAY 5 - 1938 Harrington Attendant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 4 38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 4 1938

I last saw him alive on May 4 1938. Death is said to have occurred on the date stated above, at 2 34P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12 days
Bronchopneumonia	6 "
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Ewald M. D.

(Address) 1 West Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN

F 16481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16481

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernst J. Schmidt

(a) Residence: No. 219 W. 27th St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) April 11, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stargard Germany

FATHER

13. NAME Davis Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Windgager

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charlotte Schmidt
(Address) 633 Quincy St., Brooklyn, N. Y.

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~
Place Loudon Park Cem. Date May 5 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Aves.

20. FILED ..... 19..... Registrar.

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938 to May 3 1938

I last saw him alive on May 3 1938. Death is said to have occurred on the date stated above, at 4.30A m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma - Rt. Mediastinum with extension, compression of lungs, tracheal obstruction

Date of onset .....

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Gilson J. Wells M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGINAL SPACE

F 46482 FOOKSMAN F 46482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Fookerman

If U. S. Veteran specify WAR —

(a) Residence: No. 2012 Bryant Ave. St., Balto.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Samuel Fookerman

(Address): Husband

18. BURIAL, CREMATION, OR REMOVAL: Sol. Camel Date 5-5-38

19. UNDERTAKER: Jack Levin Inc.

(Address): 1439 E. Baltimore St.

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938 to 5/4, 1938

I last saw her alive on 5/4 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (Stomach)	?
Metastasis to Liver	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Lauber M. D.

(Address) Sinai Hospital

F 46483

HEALTH DEPARTMENT—CITY OF BALTIMORE

46483

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Pratt St. 3-2 Ward)

Registered No. 946

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Biezis

(a) Residence: No. 920 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfonsya Biezis

6. DATE OF BIRTH (month, day, year) Jan 1, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

FATHER

13. NAME Augustas Biezis

14. BIRTHPLACE (city or town) (State or country) Lithuania Europe

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

17. INFORMANT Alfonsya Biezis

(Address) 920 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 7 1938

19. UNDERTAKER Joseph Kasmokas Inc

(Address) 1007 W. Washington St Balto

20. FILED MAY 5 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4-38, 19, to 5-4-38, 19

I last saw him alive on 5-4-38, 19. Death is said to have occurred on the date stated above, at 9.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-4-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Joseph G Beneswas M. D.

(Address) 37 S. Stricker St

Beneswas

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46184 — CERTIFICATE OF DEATH — 5/22-a — F 46184

1. PLACE OF DEATH Balto. City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Bay View St., 36 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie E. Williams — If U. S. Veteran specify WAR

(a) Residence: No. 9 4 E. Pratt St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ? Williams

6. DATE OF BIRTH (month, day, year) Sept 7-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Charles Stobel

14. BIRTHPLACE (city or town) (State or country) Md.

FATHER

15. MAIDEN NAME Sophie Voltmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place H. Mathiesen & Son Date May 6 1938

19. UNDERTAKER Frank Wells & Son

(Address) 52 N. Morley St.

FILED MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Ventral hernia	4 days
Intestinal Obstruction	2 days
	2 days

Other contributory causes of importance: Peritonitis Gen. sec. to strangulated small intestine

Was an operation performed? Yes Date May 3 1938

For what disease or injury? Ventral hernia

Name of operation Operation Date of May 3 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

16185 HEALTH DEPARTMENT—CITY OF BALTIMORE 16185

CERTIFICATE OF DEATH

34-e-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Pearl L Johnson

(a) Residence: No. 646 Pitcher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Johnson

6. DATE OF BIRTH (month, day, year) Aug 25-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsburg Va

FATHER

13. NAME William Mastens

14. BIRTHPLACE (city or town) (State or country) Prince Frederick Va

MOTHER

15. MAIDEN NAME Sarah Harden

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Oliver Johnson

(Address) 646 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date May 5, 1938

19. UNDERTAKER Mrs. George N. Holland

(Address) 1631 Druid Hill Ave

Registrar

FILED MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	about April 29 1938

Other contributory causes of importance:

over

Was an operation performed? no Date of

For what disease or injury? none

Name of operation no Date of

What test confirmed diagnosis? Histology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sarah Allen M. D.

(Address) 50 Eastern Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46486

CERTIFICATE OF DEATH

131 F 46486

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Wilmslow Rd. St. 27-14 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Eleanor K. Boland

(a) Residence: No. 506 Wilmslow Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Dec. 9, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Thomas Boland

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ruth Way

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Eliza Jane Orem, 506 Wilmslow Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oxford, Pa. Date 5/6/38

19. UNDERTAKER (Address) Irby & Mitchell & Son, 1906 Eutaw Place

20. MAY 5 - 1938 [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937, to May 3, 1938

I last saw h OR alive on May 3, 1938 Death is said to have occurred on the date stated above, at 5? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis	1932
Cerebral Hemorrhage	1937
Chronic Interstitial Nephritis	1937
Other contributory causes of importance: Uraemia	3 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fellman, M. D.

(Address) 6 E. Biddle St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARYLAND RESERVED FOR OFFICIAL USE

46487 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46487

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 11-4 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH AUGUSTA ATKINSON

If U. S. Veteran specify WAR

(a) Residence: No. 310 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Atkinson

6. DATE OF BIRTH (month, day, year) Sept. 15, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Edward Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Fayette Croxall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Thomas C. Atkinson 2846 North Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cemetery Date May 6 1938

Garrison Forrest

19. UNDERTAKER (Address) Chas. J. Evans & Son Inc. 1131 N. Mt. Royal Ave.

20. FILED 19 Registrar

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 38, to May 38

I last saw h alive on May 2, 38 Death is said to have occurred on the date stated above, at 8:51 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	over

Other contributory causes of importance:

Arteriosclerosis

Senility.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. C. Weede M. D.

(Address) 1314-16 North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16488

CERTIFICATE OF DEATH ✓ 31785 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-523 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Braun

(a) Residence: No. 1728 E. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/11/1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Braun

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 7 1938

19. UNDERTAKER Chas. J. Evans & Son Inc.
(Address) 118 N. Mt. Royal Ave

20. FILED May 9 1938 Harrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1938

22. I HEREBY CERTIFY That I attended deceased from 3-19 1938 to 5-4 1938

I last saw her alive on 5-4 1938. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance	

Was an operation performed? Yes Date of 3-24-38

For what disease or injury? Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L. K. Woodward Jr M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR ... RESERVED ...

MAY 5-1938

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46489 CERTIFICATE OF DEATH F 46489

1. PLACE OF DEATH Latrobe Apts
CITY OF BALTIMORE: (No. Charles & Read sts St. 11-2 Ward) Registered No. 59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorcas Ann Bosley
(a) Residence: No. Latrobe apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

3a. If married, widowed, or divorced HUSBAND (or) WIFE of Wm P. Bosley

6. DATE OF BIRTH (month, day, year) March 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitehall Md.

FATHER
13. NAME William Wise
14. BIRTHPLACE (city or town) (State or country) Whitehall Md

MOTHER
15. MAIDEN NAME Miranda Hicks
16. BIRTHPLACE (city or town) (State or country) Hereford Balto Co. Md.

17. INFORMANT Mr. J. W. Bosley (Address) Latrobe Apts

18. BURIAL, CREMATION, OR REMOVAL Place St. James. Date May 6, 1938

19. UNDERTAKER P. Markline Sons (Address) Whitehall Md

FILED MAY 5 1938 Hattie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to May 4, 1938
I last saw her alive on May 3, 1938 Death is said to have occurred on the date stated above, at 8 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1929
Other contributory causes of importance: Senile	

Name of operation Date of
What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) W H Pearce M. D.
(Address) 2106 Clark st

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46490

CERTIFICATE OF DEATH

F 46490

164-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (specify WAR)

2. FULL NAME Adolph Riedel

(a) Residence: No. 3300 Kenyon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Hattie Riedel

6. DATE OF BIRTH (month, day, year) January 3 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Hapacke

(Address) Forest View Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 5 1938

19. UNDERTAKER John Ulm

(Address) 2008 Orleans St

20. DATE MAY 5 - 1938 Registrar, Maryland Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 2, 1938

Where did injury occur? 3300 Kenyon Ave - Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas jet in kitchen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) Coroner

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SPACE RESERVED FOR BINDING

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46491

CERTIFICATE OF DEATH

131

F 46491

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116-W Lexington St. 16 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred Parker

(a) Residence: No. 1116 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Harry Parker

6. DATE OF BIRTH (month, day, year) March 17 98

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or — min.
40	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) April, 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Somerset County md

FATHER

13. NAME George Selby

14. BIRTHPLACE (city or town) (State or country) Somerset County md

MOTHER

15. MAIDEN NAME William Anna Jones

16. BIRTHPLACE (city or town) (State or country) Somerset County Md.

17. INFORMANT Fredrick Jones

(Address) Hallethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Mt. Auburn Date May 6, 38

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 5.3.38

22. I HEREBY CERTIFY, That I attended deceased from 4.30.38 to 5.3.38

I last saw her alive on 5.2.38 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio-renal-vascular Disease	about 4.15.38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James M. Lair M. D.

(Address) 1400 N. Carrollton ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46492 CERTIFICATE OF DEATH 24-23 F 46492

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Goodman (31522) If U. S. Veteran specify WAR

(a) Residence: No. 750 Bradley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 9, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Braxton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Crittenton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 6, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED MAY 5 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938 to May 2, 1938
I last saw her alive on May 2, 1938 Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercostal of lungs	Sept 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARG. RESERVED FOR BINDING

Lewis

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46493

CERTIFICATE OF DEATH

93-F 46493

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 McCulloh St., 11-4 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agathil Lewis

(a) Residence: No. 1000 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Lewis

6. DATE OF BIRTH (month, day, year) Aug. 13 1882

7. AGE Years 55 Months 8 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenton N.C.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Lewis 1309 Division St
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 5, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Edmondson Ave

20. FILED MAY 5 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to May 2, 1938. I last saw h alive on May 2, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carbuncle Abdomen

Chronic Myocarditis

Other contributory causes of importance:

Nil

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Charles L. Wagley M. D.

(Address) 8 E. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR... RESERVED FOR BINDING

F 46494

46494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 E. 30th St. St., G-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Becker

(a) Residence: No. 617 E. 30th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Stine Becker

6. DATE OF BIRTH (month, day, year) 10-2-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Label & Carton

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Becker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Hoppay

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. W. F. Becker
(Address) 617 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 5-5-38, 19

19. UNDERTAKER Richard Schuyler
(Address) 1620 Ashburton St.

20. FILED MAY 5 - 1938 Harry G. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/38, 19 to 5/2/38, 19

I last saw him alive on 4/30/38, 19. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Indigestion

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wm Gardner M. D.

(Address) 321 E 25

N. B.—Write information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1264-A

F 46495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46495

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Carolina St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Horsey

(a) Residence: No. 31 N. Carolina St., Balto Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Horsey

6. DATE OF BIRTH (month, day, year) June 11 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	79	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Avery Md

FATHER

13. NAME Richard Bryan

14. BIRTHPLACE (city or town) (State or country) Avery Md

MOTHER

15. MAIDEN NAME Sarah Foster

16. BIRTHPLACE (city or town) (State or country) Avery Md

17. INFORMANT Elsie M. Dyson

(Address) 1101 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Bet Calvary Date May 6. 1938

19. UNDERTAKER Solomon Henderson

(Address) 130 Aisquith st

20. FILED May 5 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1938. to May 3. 1938.

I last saw h[illegible] alive on May 2. 1938. Death is said to have occurred on the date stated above, at 2.35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1 year
Other contributory causes of importance: Hemiplegia	2 days
Hemorrhagic	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L. Eveleigh M. D.

(Address) 1514 E Baltimore St

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6496 3425 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 46496

× 54-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lester Snodgrass

(a) Residence: No. Harrisville W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Jeremiah Snodgrass

14. BIRTHPLACE (city or town) (State or country) W. Va —

MOTHER

15. MAIDEN NAME Christina Price

16. BIRTHPLACE (city or town) (State or country) W. Va —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisville W. Va. Date May 6 1938 J.H.H.

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-38

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1938 to May 3 1938

I last saw him alive on May 3 1938. Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Orbital Tumor — Benign	1928
Brain Abscess	12-1-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 37 April 38

For what disease or injury? (1) Orbital Tumor (2) Brain Abscess

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

MAY 5 - 1938

Exact statement of information is very important. See instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

F 46497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46497

CERTIFICATE OF DEATH

50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Roseland Ave St. 48-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Pate

(a) Residence: No. 3904 Roseland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert W. Pate

6. DATE OF BIRTH (month, day, year) June 4, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Burgess

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Delaware

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Robert W. Pate
(Address) 3904 Roseland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 6, 1938

19. UNDERTAKER Wyatt Brooks Bagley
(Address) 932 W. North Ave

20. FILED MAY 5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	May 4
Hypertension	Unk

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE plainly with pen and ink. All information should be carefully supplied. Any omission will delay burial. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16498 E 46498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 101 N. Port St. 6-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anthony S. Frank
If U. S. Veteran specify WAR

(a) Residence: No. 101 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) March 17 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas + Elect. Co Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME George Frank
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Frances Beil
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Anna Frank
(Address) 101 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 7 1938

19. UNDERTAKER Martin A. E. Dippel
(Address) 37 S Ann St

20. FILED ... Registrar

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937 to May 3 1938
I last saw her alive on May 2 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11/1937
Other contributory causes of importance	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl Leesman M. D.
(Address) 1242 N. Patterson Park Ave

14

information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

46499 ✓ E 46499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Rentz

If U. S. Veteran specify WAR

(a) Residence: No. near 1810 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilhelmina A. Rentz

6. DATE OF BIRTH (month, day, year) July 19 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	~~15~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer pt 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l Color Printing Co.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph John Rentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Trumpfer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place New Cathedral Date May 9th 1938

19. UNDERTAKER Wm. J. Tichner & Sons.
(Address) North & Penna Aves.

20. FILED ... 19...

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to May 4, 1938

I last saw him alive on May 4, 1938 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Generalized Metastasis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 1937

For what disease or injury? Ca of Sigmoid

Name of operation Excision

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Raymond J. Lyon, M. D.

(Address) Mercy Hospital

information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

16500

HEALTH DEPARTMENT—CITY OF BALTIMORE

16500

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Little Sisters of the Poor (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Doyle

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Doyle

6. DATE OF BIRTH (month, day, year) 4 Jan. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Creagh

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Mary O'Keefe

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 6th 38

19. UNDERTAKER Geo M. Fenwick Son (Address) 811 N. Eutaw St.

20. Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1936 to May 4 1938

I last saw h[illegible] alive on Apr 30 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis — Date of onset: 5

Other contributory causes of importance:

Paralysis left side today — Date of onset: about 1 yr

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Autopsy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L McCarthy M. D.

(Address) City Hospital

MAY 5 - 1938

information should be entered, whether or not it appears to the informant that the same is recorded elsewhere. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16501 ROBINSON F 16501

F 16501 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Charles St., 12-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Bettie C. Robinson

(a) Residence: No. Mathenay Apts. St. Charles 3700 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Champlin Robinson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frank Payton Clark

14. BIRTHPLACE (city or town) (State or country) Richmond Va Engineer

MOTHER

15. MAIDEN NAME Mary Madden

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT W. Champlin Robinson

(Address) 3700 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 7 1938

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) Oliver & Pennsylvania Ave

20. FILED ... 19... Registrar.

MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1938

I HEREBY CERTIFY, That I attended deceased from Dec 20 1936 to May 5 1938

I last saw her alive on May 5 1938 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myeloid Leukemia	1936

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Blood & Tissues Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Sydney R. Miller M. D.

(Address) 1118 St Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S ... so that it may be properly classified. Exact statement of ... state CAUSE OF DEATH in ... terms ... in ... sections on back of certificate. OCCUPATION is very important.

16502

HEALTH DEPARTMENT—CITY OF BALTIMORE

16502

CERTIFICATE OF DEATH

+ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1/2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Irvin Jr.

If U. S. Veteran specify WAR

(a) Residence: No. Silva Springfield Fullerton Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 30 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Irvin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Selma Lay

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT. Samuel Irvin

(Address) Fullerton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 7th 1938

19. UNDERTAKER Henry W. Pentz & Sons Inc

(Address) McCulloh & Richards

20. FILED . 19 Harrington Williams, Asst. Registrar

MAY 5 - 1938

H

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) May 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 . 1938 to May 4 . 1938

I last saw him alive on May 4 . 1938 Death is said to have occurred on the date stated above, at 5.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tracheal Obstruction	May 2
Bronchopneumonia	April 2
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) . M. D.

(Address) Morton M Spielman

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46503 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46503

CERTIFICATE OF DEATH 32067 (MB) 107-a

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Elizabeth Prall

(a) Residence: No. 1722 N. Bethel St. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) Aug. 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
~~70~~ ? 70 ~~70~~ ?	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Frank Cassidy (D)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mollie Rylie (D)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date May 6th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ____ 19____ Registrar

Huntington Williams, M.D.

MAY 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938 to May 3, 1938

I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-1-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lacy Lasalle M.D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46504

Spec.—1-30—M. & T.—250 Bks.

46504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 6000 Bellona Ave ST. 27-12 WARD) ELIZABETH N. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John M. Hunt No War Record

(a) RESIDENCE NO. 6000 Bellona Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Hunt

6 DATE OF BIRTH (month, day, and year) May 21st 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 000

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) Jackson Tenn
(State or country)

PARENTS

10 NAME OF FATHER Alonzo Goodell

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER Lura Clark

13 BIRTHPLACE OF MOTHER (city or town) Miss
(State or country)

14 Informant R. C. Willis Jr
(Address) Homewood Apts

15 MAY 5 1938 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/38

17 I HEREBY CERTIFY, That I attended deceased from November, 1937, to May 5, 1938, that I last saw her alive on May 4, 1938, and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar H. Martin Jr M. D.

19 (Address) 2801 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jackson, Tenn DATE OF BURIAL May 6th 1938

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Registrar

MAY 5 1938

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

F 46505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46505

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Otto C. Wehrle

(a) Residence: No. 2520 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Wehrle

6. DATE OF BIRTH (month, day, year) June 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vienna

FATHER

13. NAME August Wehrle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalena Zimpfer

14. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella Wehrle

(Address) 2920 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 6 1938

19. UNDERTAKER J. Vernon Kaufman

(Address) 230 Edmondson Ave

20. FILED May 7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chenoweth Coroner M. D.

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 5 - 1938

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

46506 F 46506

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 E Madison St. 1-3 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 5 yrs. ... mos. ... da.

2. FULL NAME Frank Svatora (Schvatora) If U. S. Veteran specify WAR

(a) Residence: No. 2227 E. Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clarie Svatora

6. DATE OF BIRTH (month, day, year) Nov 6 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Workman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

FATHER

13. NAME Vidak Svatora

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Marie Tuma

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Frances Kovac

(Address) 2227 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 7 1938

19. UNDERTAKER Frank Cvach & Sons

(Address) 1761 Eastern Ave

FILED MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to May 4 1938

I last saw h... alive on May 4 1938 Death is said to have occurred on the date stated above, at 12-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1938
Other contributory causes of importance: Arteriosclerosis	1932

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William H Grant M. D.

(Address) 801 N Eutaw St

Information should be carefully supplied. AGE should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46507

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. veteran specify WAR

2. FULL NAME Sam Porter

(a) Residence: No. 400 Myrtle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jonesville S.C.

FATHER

13. NAME Bert Porter

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Lucinda Moorehead

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Lucille Epps

(Address) 400 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pet Lebanon Cem Date 5-6 19 38

19. UNDERTAKER Watkins & Jackson

(Address) 916 Druid ave

20. FILED 19 38

MAY 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wounds of abdomen - Laceration of liver & R kidney	8 days
Other contributory causes of importance: General peritonitis shock	6 days

Was an operation performed? Yes Date of 4-28-38

For what disease or injury? Stab wound of abdomen

Name of operation Laparotomy, Suture of liver & kidney Date of 4/28/38

What test confirmed diagnosis? Operative findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/28, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Stabbing

Nature of injury Stab wounds of intestines & viscera

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Shaud M. D.

Coroner

(Address) 1360 Eutaw place

Information should be carefully supplied. AGE should be stated EXACTLY. PRESENT OCCUPATION should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46508

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John George Schwinck

If U. S. Veteran specify WAR .....

(a) Residence: No. 2135 E. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ella Swick

6. DATE OF BIRTH (month, day, year): Nov. 14 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Schwinck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Mungon

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Wife (Address) 2135 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Cem. Date: May 9 1938

19. UNDERTAKER: Chas L. Stevens (Address) 1501 E. Fort Ave.

20. FILED ..... 19..... Registrar.

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 5, 1938

I last saw him alive on May 5 1938. Death is said to have occurred on the date stated above, at 8 40/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/1/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46509 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46509

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen Hospital — Registered No. 1126

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Ethel Hopkins — If U. S. Veteran specify WAR

(a) Residence: No. Stout St. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest Hopkins

6. DATE OF BIRTH (month, day, year) Nov 16, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Weaver

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Combs

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Ernest Hopkins (Address) Stout Md.

18. BURIAL, CREMATION, OR REMOVAL Place Stote Ridge Cem Date May 9 1938

19. UNDERTAKER Hubert L Hopkins (Address) Delta Pa.

MAY 6 1938 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1938 to 5-6 1938

I last saw her alive on 5-6 1938. Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis & Cholelithiasis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? Cholecystectomy Date of 5-4 1938

For what disease or injury? Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Scarborough Jr. M. D.

(Address) Md. Gen Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16510

93-e

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2782 Alameda Boul. St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony H. Main

(a) Residence: No. 2782 Alameda Boul/ St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Main

6. DATE OF BIRTH (month, day, year) Mar. 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	[illegible]	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Helen Main
(Address) 2782 Alameda Boul.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/6/38

19. UNDERTAKER Leonard J. Ruck.
(Address) 5305 Harford Road

[illegible] 19 [illegible]

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 3, 1938

I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 7 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Other contributory causes of importance:	
Ac. Cardiac fail.	Recent

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, state fully .....

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46511 F 46511

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Josephs Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bonnet

If U. S. Veteran specify WAR

(a) Residence: No. 1715 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced WIFE of LATE Jacob Bonnet

6. DATE OF BIRTH (month, day, year) Dec 29th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. Kirschbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wiedeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie Getz (Daughter)
(Address) 1715 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 9th 1938

19. UNDERTAKER Geo A Weber
(Address) 705 S Caroline St

20. Filed MAY 6 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1938 to May 5, 1938

I last saw h.. alive on May 5, 1938 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 5/4/38
Arteriosclerosis, generalized

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Gilbert E. Redman M. D.

(Address) St. Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46512

CERTIFICATE OF DEATH

√ 2-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bath Brick Yard
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel Johnson
14. BIRTHPLACE (city or town) (State or country) West Point Md

MOTHER

15. MAIDEN NAME Virginia Feeney
16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Pt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 5 1938

19. UNDERTAKER Robert F Wilkinson
(Address) 15-15 McCulloh St

20. FILED MAY 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-29-1938 to 5-2-1938

I last saw him alive on 5-2-1938 Death is said to have occurred on the date stated above, at 10 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4-27
Other contributory causes of importance	
℞	none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no accurate history

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46513

46-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Freeman

If U. S. Veteran specify WAR

(a) Residence: No. 120 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) 1-9-1873 Jan 9 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME John Freeman

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Long

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Irving Freeman

(Address) 1506 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 5/7 38

19. UNDERTAKER George A. Shirley

(Address) Fetterolf & Sayler

20. FILED ... 19... Registrar.

MAY 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9 1938 to May 5 1938

I last saw h/M alive on May 4 1938. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of rectum with [illegible]	(a)
Cachexia	
Other contributory causes of importance:	

Was an operation performed? Yes Date 4/14/38

For what disease or injury? For relief of pain

Name of operation Alcohol injection

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irving Freeman M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46514 F 46514

CERTIFICATE OF DEATH 1943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dora Shapiro

(a) Residence: No. 136 Jackson Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sam Shapiro

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dave —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jacob Louis Inc 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Mt. Carmel 5-6- 1938

19. UNDERTAKER (Address) Jacob Louis Inc 1439 E. Baltimore St

5-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-38 . 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46515

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Brighton St. 16-7 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. 25 dys. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ dys.

2. FULL NAME William Ramsay Baker

If U. S. Veteran specify WAR ____

(a) Residence: No. 3013 Brighton St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edith Robinson Baker

6. DATE OF BIRTH (month, day, year): Apr. 8-1875

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painting

10. Date deceased last worked at this occupation (month and year): Oct. 1937

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Geo. C. Baker

14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER

15. MAIDEN NAME: Jeanette S. Ramsay

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mrs. Wm. Gulabaugh 3013 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Lawn Date: 5/6/38

19. UNDERTAKER (Address): C. B. Shipley & Son 1210 Eutaw Place

20. FILED: ____ Registrar.

MAY 6 — 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1938 to May 3, 1938

I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx and metastases	Dec. 1937

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation: Surgical Excision

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16516 16516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 17-3 Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Holland

If U. S. Veteran specify WAR

(a) Residence: No. 1202 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D.

6. DATE OF BIRTH (month, day, year) April 18 91

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 - 4	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrington, Va.

FATHER

13. NAME Henry Jackson

14. BIRTHPLACE (city or town) (State or country) Warrington, Va.

MOTHER

15. MAIDEN NAME Amanda Morton

16. BIRTHPLACE (city or town) (State or country) Warrington, Va.

17. INFORMANT (Address) Mary W. Burner 1216 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 5/6/38 19

19. UNDERTAKER (Address) Mrs. George E. Pollard 1621 Division Ave

20. FILED MAY 6 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to May 4, 1938.

I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 5 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	10th
Other contributory causes of importance:	
—	

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46517 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46517

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Patapsco St., 25-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ISABELLA
2. FULL NAME Isabella Hartlove

If U. S. Veteran specify WAR .....

(a) Residence: No. 1223 Patapsco St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hartlove

6. DATE OF BIRTH (month, day, year): Oct. 12. 1866

7. AGE: Years 71 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitores 407
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER
13. NAME: Francis Collins
14. BIRTHPLACE (city or town) (State or country): Balto. md.

MOTHER
15. MAIDEN NAME: Catherine Rudolph
16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT (Address): Francis Hartlove 1223 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: May 9, 1938

19. UNDERTAKER: Margaret A. Flynn
(Address): 142 Light St

20. FILED: Huntington Williams
Registrar.

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to May 5, 1938

I last saw her alive on May 4, 1938 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus and appendages	Jan. 15, 1932
Other contributory causes of importance: Cachexia	3/1/38

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Lee Teel M. D.

(Address) 1224-26 Hanover St.

F 46518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johan R Lee

(a) Residence: No. 1310 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lee

6. DATE OF BIRTH (month, day, year) — 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME William Lee

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Viola Mason

(Address) 1319 Westbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters cem Date May 7 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 3 1938
Myocarditis	Apr 1 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

(Address) 5 S. Augusta St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Efthenia Kebabian ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46519 — CERTIFICATE OF DEATH — 59 — F 46519

Registered No.

1. PLACE OF DEATH: Md. Gen. Hospital

CITY OF BALTIMORE: (No. ____ St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME: Efthenia Kebabian

(a) Residence: No. 324 Park ave, St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year): Feb 1 [illegible]

7. AGE: Years 68 | Months 3 | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Andrinople Greece

FATHER
13. NAME: George Kepegian
14. BIRTHPLACE (city or town) (State or country): Andrinople Greece

MOTHER
15. MAIDEN NAME: Sirkihi
16. BIRTHPLACE (city or town) (State or country): Andrinople Greece

17. INFORMANT (Address): Nersyan 324 Park ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date May 6 19 38

19. UNDERTAKER (Address): Bernard A Finch 6411 Belair Road

20. FILED: MAY 6 – 1938

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon ____ from the evidence (Inquest, Autopsy or Inquiry) obtained by said ____ and that the deceased came (Inquest, Autopsy or Inquiry) to ____ death on the day stated above. 6 days 6 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance: Diabetes & Arteriosclerosis, Renal Condition

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Hans Larsen Coroner M. D.

(Address) 1210 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46520

CERTIFICATE OF DEATH

F 46520

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Greenfield Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie M. Krach

(a) Residence: No. 5507 Greenfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Krach

6. DATE OF BIRTH (month, day, year) Sept. 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Christian Neubauer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Sophia Bodenschatz

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. John J. Krach

(Address) 5507 Greenfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date May 7th 1938

19. UNDERTAKER Frederick Lazenby & Son

(Address) 7401 Belair Road

FILED MAY 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreuder M. D.

Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46521

CERTIFICATE OF DEATH

108

Registered No. 8,1

1. PLACE OF DEATH Bacto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles Williams

(a) Residence: No. 1714 Llewelyn Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 1937

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Gunther

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Blanche Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Blanche Williams

(Address) 1714 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/6 1938

19. UNDERTAKER Emil W. Ehrehart Son

(Address) 638 N. Fulton Ave

Filed MAY 6 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Other contributory causes of importance Streptococcus viridans	5 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood M. D. Coroner

(Address) 1712 Llewelyn Ave

V. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5a

HEALTH DEPARTMENT—CITY OF BALTIMORE

46522

CERTIFICATE OF DEATH

93-C F 46552

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Sarah Ann St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Wilmore

If U. S. Veteran specify WAR .....

(a) Residence: No. 725 Sarah Ann St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Edw. Wilmore

6. DATE OF BIRTH (month, day, year) ? ? 1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME Chas. Willis

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edw. Wilmore

(Address) 725 Sarah Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 7, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED MAY 6 - 1938 [illegible], N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1938 to May 4, 1938

I last saw h[illegible] alive on May 4, 1938 Death is said to have occurred on the date stated above, 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Acute Arthritis.	4/11/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) C. H. Pitts M. D.

(Address) 1536 W. Lanvale St.

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46523

CERTIFICATE OF DEATH

F 46523

95-13

1. PLACE OF DEATH Franklin Square — Registered No.

CITY OF BALTIMORE: (No.) St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wesley Williams

(a) Residence: No. 236 N. Belnor St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna B. Williams

6. DATE OF BIRTH (month, day, year) April 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER FATHER

13. NAME Benon Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Annearundell Co Md

17. INFORMANT Herman Williams

(Address) 340 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Mark Cemetery Date May 9, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Edmondson St

Filed May 7 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12- 1938 to 5-4- 1938

I last saw him alive on 4-7- 1938 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	
Generalized Arteriosclerosis	
Cerebral Arterio sclerosis	
Arterio Sclerotic Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Sodaro M. D.

(Address) Franklin Square Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

46524

CERTIFICATE OF DEATH

82-F 16524

1. PLACE OF DEATH Seilings Sanatarium

CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Julius Wulfert

If U. S. Veteran specify WAR .....

(a) Residence: No. 2552 W. Baltimore Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
or WIFE of Mary Wulfert

6. DATE OF BIRTH (month, day, year) October 22nd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Winchester, Va.
(State or country)

FATHER

13. NAME Henry Wulfert

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline Hagg

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Mary Wulfert
(Address) 2552 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Cem. Date May 7th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May - 4 - 1937 to May 4 1938
I last saw h[illegible] alive on May 3 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	May 1937

Other contributory causes of importance
Myocarditis Chronic 6 mo
Prostate Gland

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Martin W. Brack M. D.

(Address) 806 N. Fulton Ave

NOTE.—WRITE LEGIBLY. Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16525 F 46525

CERTIFICATE OF DEATH

15-6/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Walbrook Avenue St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fanny Seufert Canoles

If U. S. Veteran specify WAR .....

(a) Residence: No. 2020 Walbrook Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Canoles

6. DATE OF BIRTH (month, day, year) May 21st 1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Seufert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Tragesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hamie Grant

(Address) 2822 Walbrook Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date May 7th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED ... 19... Registrar.

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20 1938 to May 5 1938

I last saw her alive on May 4 1938 Death is said to have occurred on the date stated above, at 2.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glomerulo-nephritis,	Dec.
Chronic with	1937
terminal uraemia	April 30, 1938
Other contributory causes of importance: Hypertensive vascular disease	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Chemical analysis of urine & blood. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave

NOTE—... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16526 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16526

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie R. Ruby

(a) Residence: No. Hampstead, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Edward F. Ruby

6. DATE OF BIRTH (month, day, year) July 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1/28/38

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward F. Ruby
(Address) Hampstead, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's, Balto. Co. Date May 7, 38

19. UNDERTAKER Edw. F. Tipton
(Address) Hampstead, Md.

20. FILED May 8 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Attorney or Inquiry thereon and from the evidence obtained by said Inquest, Attorney or Inquiry and from my own knowledge I am of the opinion that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus, Sub uterus abscess	1st
Other contributory causes of importance: Generalized Peritonitis	8 days

Was an operation performed? Yes Date of 5/4/38

For what disease or injury? Peritonitis

Name of operation Laparotomy, Cleaning & Suprapubic drainage Date of 5/4/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams Coroner, M. D.

(Address) 2360 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16527

16527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Dundalk Ave. St. 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Kwiatkowska

(a) Residence: No. 1207 Dundalk Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent P. Kwiatkowski

6. DATE OF BIRTH (month, day, year) Sept. 25 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10?7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posen, Poland

FATHER

13. NAME Walenty Wesolowski

14. BIRTHPLACE (city or town) (State or country) Posen, Poland

MOTHER

15. MAIDEN NAME Lewandowski

16. BIRTHPLACE (city or town) (State or country) Posen, Poland

17. INFORMANT Mr. Vincent Kwiatkowski
(Address) 1207 Dundalk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 7, 1938

19. UNDERTAKER M. F. Sadowski & Sons
(Address) 1808 Eastern Ave.

MAY 6 - 1938 19 C Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1937 to May 4, 1938

I last saw h W alive on May 4 1938 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Cancer, mal	?
Other contributory causes of importance: Chronic Pyelonephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo J. Jaworski M.D.

(Address) 2 S. Fulton Pk Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16528

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Malcolm Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. RFD #2 Darlington Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-21-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8 9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Mack Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Helen Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Horanna Cem. Date May 7, 1938
19. UNDERTAKER H. S. Bailey
(Address) Darlington, Md

20. FILED MAY 6 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28-1938, to 5-5-1938

I last saw h[illegible] alive on 5-6-1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, pneumococcus	4-28-38
Pneumococcus septicemia	4-24-38
Pneumococcus meningitis	5-1-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-25-38

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Stiller Jr. M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16529 — CERTIFICATE OF DEATH — V 23 F 16529

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1622 E Biddle St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 18 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Julia Bell Williams Fields — If U. S. Veteran specify WAR .....

(a) Residence: No. 1622 E. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Christopher Fields

6. DATE OF BIRTH (month, day, year) Dec 16, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	45	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec-37

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Jas. G. Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Blanche Morgan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanch M. Williams
Address 1622 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/8 38

19. UNDERTAKER Rayner Sanders
Address 1108 E Preston St

20. FILED MAY 6 — [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22 1938 to May 5 1938

I last saw h[illegible] alive on May 4 1938. Death is said to have occurred on the date stated above, at 4 am

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J Edwards Fisher M.D.

(Address) 1612 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16530

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 N. Schroder St., 18-1 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M Gaither

If U. S. Veteran specify WAR .....

(a) Residence: No. 503 N. Schroder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F Gaither

6. DATE OF BIRTH (month, day, year) Dec 5-64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Richard F Gaither

(Address) 503 N Schroder St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date ..... 19..

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED MAY 6-1938 H. Bing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5- 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 5 1938

I last saw h alive on May 5 1938 Death is said to have occurred on the date stated above, at 11 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 1938
Other contributory causes of importance: arteriosclerotic Heart Disease	last year

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

information should be carefully supplied. Age should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46531

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 19-4 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME ..... William Hayes McFarland .....

(a) Residence: No. 1812 Lover St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. J. Nolan

10. Date deceased last worked at this occupation (month and year) February 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John McFarland

14. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

MOTHER

15. MAIDEN NAME Ella Devine

16. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Nat Date 5-9 1938

19. UNDERTAKER Robert Brooks Olson
(Address) Calhoun & Hollins Sts

MAY 6 - 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to May 5, 1938.

I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 8:25a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic	unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. L. Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HBJ/5

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16532 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16532

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N Payson St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME Anna M Kluge

If U. S. Veteran specify WAR .....

(a) Residence: No. 432 N Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles J. Kluge

6. DATE OF BIRTH (month, day, year) July 21 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chas F Kluge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Klumer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert C Kluge

(Address) 432 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 5/7/38

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. DATE RECEIVED MAY 6 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1937, to May 4, 1938

I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D C MacLaughlin M. D.

(Address) 400 N. Payson St

information should be carefully supplied. AGE should be given for every person. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46533

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Foster Ave St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Burman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3609 Foster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-6-38

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Carl G. Burman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marie C. Thiebes

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edschmueck Md.

(Address) 842 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 6 - 1938

Commissioner of Health

19. UNDERTAKER

(Address)

MAY 6 1938

Per H. A. [illegible]

Registrar

3987

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19

I last saw her alive on 5-6-38, 19 . Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 hrs. Prematurity - due to premature rupture of membranes.	4/26/38 1938

Other contributory causes of importance:

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edschmueck M. D.

(Address) 842 S. East Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46534

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (Ward) 16-3

Length of residence in city or town where death occurred 2 yrs. 1 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Depinto

(a) Residence: No. 1013 Hollins Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 26, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Samuel Depinto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Elizabeth Kreutzberg

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mr Samuel Depinto

(Address) # 1013 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 5 / 6 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED 5-6-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Inquiry or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Inquiry or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns (2nd degree) of face, neck, Chest & Body	2 weeks

Other contributory causes of importance:

Bronchopneumonia Bilateral Otitis Media

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 5, 1938

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Scalding with boiling water

Nature of injury Multiple burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, Coroner, M. D.

(Address) 2360 Eastern Place

V S 6

F 16535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16535

CERTIFICATE OF DEATH

Registered No. 1950

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 W Lombard St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Mulholland

If U. S. Veteran specify WAR

(a) Residence: No. 1708 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Thos F. Mulholland

6. DATE OF BIRTH (month, day, year) Sept 30, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John O'Shea

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Sexton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Thos F. Mulholland

(Address) 1708 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/9/38

19. UNDERTAKER John J. Gowan & Son

(Address) 1901 Eastern Ave.

20. FILED MAY 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/38

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to May 5 1938.

I last saw her alive on May 5 1938. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Left Breast	2
	1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. MacLaughlin, M. D.

(Address) 418 N. Bryan St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46536

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Haugh

U. S. Veteran specify WAR

(a) Residence: No. 1510 W Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Haugh

6. DATE OF BIRTH (month, day, year) Nov 27-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartsville S C

FATHER

13. NAME Sharpe Rogers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Harris

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT James Haugh

(Address) 1510 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL Ship to Hartsville S C Date May 6 1938

19. UNDERTAKER Mrs R. C. Elliott + Daughter.

(Address) 1129 N. Caroline St.

20. FILED 19 Registrar

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	April 30 1938
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 50 E. Lanvale St.

N. B.—WRITE PLAINLY with pen and ink. Fill in all blanks. Underline information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

WINTER

46537 46537

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Bertha L. Winters

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced (or) WIFE of Mr. Henry Newman Winters

6. DATE OF BIRTH (month, day, year) Dec. 26, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5 4	5 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne, Md

FATHER

13. NAME Mr. Robert Dashiell

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

MOTHER

15. MAIDEN NAME Sally Walley

16. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

17. INFORMANT (Address) Home for Incurable records

18. BURIAL, CREMATION, OR REMOVAL Plan Loudon Park Date May 9 '38

19. UNDERTAKER Pentz & Lee (Address) 2330 N. Charles St.

20. FILED ... 19... Registrar.

MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1938 to May 5, 1938.

I last saw her alive on May 5, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular atrophy	?
Other contributory causes of importance: Pharyngitis, acute	4-30-38
Septicemia	4-30-38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Conrad Acton M. D.

(Address) Home for Incurables

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16538

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 25-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casper Kaufman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2420 Bangor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kaufman

6. DATE OF BIRTH (month, day, year) Nov 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 75	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) Mar. 1929

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Kaufman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Wilcob

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Jerome Kaufman
(Address) 2420 Bangor St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 7 1938

19. UNDERTAKER Mr-Mrs John W. Gilpin Sr
(Address) 201 W. Fayette St.

MAY 8-1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 38 to May 5, 1938

I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Richard H. Pembroke Jr. M. D.

(Address) Mercy Hospital

Information should be carefully supplied. All answers should be written plainly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46539

F 46539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 130 cc

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Brooks

(a) Residence: No. 1405 Mounts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Brooks

6. DATE OF BIRTH (month, day, year) Dec. 8-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38 4/12	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2 Weeks prior

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Missouri Jordan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Clara Lewis Sister

(Address) 123 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 6 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

MAY 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Acute	Months
Other contributory causes of importance: Uraemia	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Woods Coroner M. D.

(Address) 711 N. Broad St.

V S 6

39990 H

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16540

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp't St., 96 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles H. Moore

If U. S. Veteran specify WAR

(a) Residence: No. 1821 E. 30th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah S.

6. DATE OF BIRTH (month, day, year) Jan. 22 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Wm. Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Susie Hardo

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Edna Webster (Address) 1823 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL Place Dulaney Val. Cem. Date 5/7/ 1938

19. UNDERTAKER John G. Moran (Address) 3600 Eastern Ave.

20. FILED MAY 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to May 5, 1938

I last saw h... alive on May 5, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Chronic Myocarditis	
Arteriosclerosis, Hypertension	

Other contributory causes of importance:

Benign Prostatic Hypertrophy

Was an operation performed? Yes Date of 5-2-38

For what disease or injury? Urinary Obstruction

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph Hospital

INFORMATION should be carefully supplied. Age should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46541

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 Chesterfield ave St. 26 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice M. Hummer

If U. S. Veteran specify WAR

(a) Residence: No. 3041 Chesterfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Hummer

6. DATE OF BIRTH (month, day, year): Feb 1 1886

7. AGE: Years 52 | Months 3 2 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Martin Dowd

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Blaser

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret Dowd 3041 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL. Place: Ho Redeem Date: 5/11 1938

19. UNDERTAKER (Address): J. G. Morgan 1360 E Baltimore

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/5/1938

22. I HEREBY CERTIFY, That I attended deceased from April-28- 1938 to May 5 1938

I last saw her alive on May 4 1938. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1938
Chronic Interstitial Nephritis	1937
Acute Dilatation Heart	5/4/38
Other contributory causes of importance: Chronic Myocarditis	1935

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in Home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

MAY 6 1938

11

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 46542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46542

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH — CGK-32785

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward) — N-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Magnus Vesperman

(a) Residence: No. 704 S. Eaton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 12-25-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 5/9 1938

19. UNDERTAKER Leonard A. Pennington
(Address) 21 W. 23rd St

20. FILED MAY 6 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to May 5, 1938

I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-1-38
Benign prostatic hypertrophy	Unknown
Urinary obstruction	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. De Santella M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46543 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46543

CERTIFICATE OF DEATH √131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Greenmount St., 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward R. Coggins Sr

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2841 Greenmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Josephine M Coggins

6. DATE OF BIRTH (month, day, year) July 25th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Business

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Coggins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Maud Coggins

(Address) 2841 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ... 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19 1938 to May 5 1938

I last saw him alive on May 4, 1938 Death is said to have occurred on the date stated above, at 12 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	24 hrs.

Other contributory causes of importance:

Chronic Interatitial Nephritis	Unknown
Arteriosclerosis	Unknown

Was an operation performed? No Date of -----

For what disease or injury? -----

Name of operation -----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George Coggins M.D.

(Address) 401 E. 20th Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46544

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Bond St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Anna Laible

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1737 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Herman Ernst Laible

6. DATE OF BIRTH (month, day, year) April 20th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nicolaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rose L. Peters
(Address) 1737 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 7th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED May 9 1938 Wm. Whitacre, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to May 5 1938

I last saw her alive on May 4 1938. Death is said to have occurred on the date stated above, 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	Dec. 37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Helen L. Sinsheimer M. D.
(Address) 1613 E. North Ave.

F 6 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46545 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46545

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Linden Ave St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Holmes Butt

If U. S. Veteran specify WAR No Records

(a) Residence: No. 1320 Linden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (HUSBAND) (or) (WIFE) of: Harrison Butt

6. DATE OF BIRTH (month, day, year): June 4 1852

7. AGE: Years 85; Months 10; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Harpers Ferry W Va

FATHER

13. NAME: Joseph Holmes

14. BIRTHPLACE (city or town) (State or country): W Va Virginia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs Lula Phillips

(Address) 1644 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL: Harpers Ferry W Va Date May 6th 38

19. UNDERTAKER: Deacon Cook

(Address) 1217 St Paul St

20. [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to May 3 1938

I last saw h[illegible] alive on May 2 1938 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	48 hrs
Other contributory causes of importance: Arteriosclerosis Chr. Interstitial Nephritis	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. L. Lichtenberg M. D.

(Address) W Washington Ave

Information should be carefully supplied. Note whether any of the items are illegible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46546 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46546

CERTIFICATE OF DEATH √ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Hermann

If U. S. Veteran specify WAR

(a) Residence: No. 759 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Mar 20 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carnival Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles B. Hermann

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Catherine Brecker

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Charles Hermann
(Address) 1200 Cathedral Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Woods Date Aprel 7 38 19

19. UNDERTAKER Albert F. Zerger
(Address) 440 E Fayette St

20. FILED ... 19 ... R. Eugene Ellis, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 4, 1938

I last saw him alive on May 4, 1938 Death is said to have occurred on the date stated above, at 1½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative ileus	
Fat pyloric + T pneumothorax	
Fat repair of diaphragmatic hernia	

Other contributory causes of importance:

Infection of Chemotherapy
Fecal pulmonary embolism

Was an operation performed? yes Date of May 19, 1938

For what disease or injury? Gastric ulcer + Carcinoma

Name of operation Billroth I + Repair

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Henry L Ryder, M. D.

(Address) University Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 6—1938

(Crombie) F 46547

F 46547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 N. Wolfe St. (Hospital, Institution or Ward) 5-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Albert Crombie

If U. S. Veteran specify WAR

(a) Residence: No. 1518 N Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Blanche Crombie

6. DATE OF BIRTH (month, day, year) Dec 29-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Crombie

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Dean

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Crombie

(Address) 1518 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 7 1938

19. UNDERTAKER J. Melville Jenkins

(Address) 1605 E Lafayette Ave

20. FILED ... 19... Registrar.

MAY 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3 1938 to May 3 1938

I last saw him alive on May 3 1938. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	1 yr.
Chronic Cardiac Dilatation	3 days
Was an operation performed? Yes Date April 7 '38	
For what disease or injury? Prostate	
Name of operation Prostatectomy	
What test confirmed diagnosis? Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

I certify

(Signed) Edward J. Cook M. D.

(Address) 2538 Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46548

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH St. Agnes' Hospital, 2-3

CITY OF BALTIMORE: (No. Mthews & Caton St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Demczak

If U. S. Veteran specify WAR .....

(a) Residence: No. 616 S. Anne St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Paul

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Michael

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Demczak

(Address) 616 S. Anne St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 7 1938

19. UNDERTAKER John M. Welby

(Address) 1401 S. Chester St

20. FILED ..... 19..... .....Registrar.

MAY 7 1938 Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-1938

27. I HEREBY CERTIFY, That I attended deceased from 5-2-1938 to 5-3-1938

I last saw her alive on 5-3 1938 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Rectum & generalized Carcinomatosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lawrence J. Shumenek M. D.

(Address) Straghes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46549

HEALTH DEPARTMENT—CITY OF BALTIMORE

46549

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Montford ave St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie C. Frost

If U. S. Veteran specify WAR

(a) Residence: No. 1605 Montford ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Frost

6. DATE OF BIRTH (month, day, year) March 31, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
—	—

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME Charles H. Browne

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Mary B. Weinkamps

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT Anna Hutchins

(Address) 1605 Montford (daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemt. Date May 7 19 38

19. UNDERTAKER Fred A. Krause & Son

(Address) 1216 S. Charles St

20. FILED May 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to May 4, 1938

I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Intestines and Stomach	4/6/37
Acute Intestinal Obstruction	4/13/38
Ileus	
Other contributory causes of importance: Cachexia and Adynamia	4/14/38

Was an operation performed? Yes Date of July 1937

For what disease or injury? Sarcoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert H. Engelberg M. D.

(Address) 23 E. Saratoga St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16550 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16550

CERTIFICATE OF DEATH

66-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Bessie E. Kaelber

(a) Residence: No. 732 Linnard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIDE of William P. Kaelber

6. DATE OF BIRTH (month, day, year) July 12, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter Tilly

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Goodrich

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William P. Kaelber (Address) 762 Linnard St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem. Date May 7, 1938

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo F Sander (Address) Baltimore & Broadway.

20. FILED MAY 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 4, 38, 19

I last saw her alive on May 4, 1938 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Thyroid Gland Subsiding	5-3-38

Other contributory causes of importance:

Was an operation performed? yes Date of 5/3/38

For what disease or injury? Edema of Thyroid

Name of operation Thyroidectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. P. Kearney M. D.

(Address) Md. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16551

HEALTH DEPARTMENT—CITY OF BALTIMORE

16551

32006 JS

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Joyner

(a) Residence: No. 1020 Linden Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 9/ 1938

19. UNDERTAKER Joseph Hilshad
(Address) 218 Dundalk Ave

20. FILED MAY 7 - 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 5, 1938

I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	5-4-38

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16552

51-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 West 33rd St. 13-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elisha B. Sater

If U. S. Veteran specify WAR .....

(a) Residence: No. 616 W. 33rd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Sater

6. DATE OF BIRTH (month, day, year) November 5th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME John Sater

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs Ida Sater
(Address) 616 W. 33rd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Dyrdlyn Date May 9th 1938

19. UNDERTAKER A. S. Marshall
(Address) 5539 Falls Rd

MAY 9 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937 to May 6 1938

I last saw him alive on May 2 1938 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasis.	1935
Cardio-Vascular Failure	5-5-38

Other contributory causes of importance: .....

Was an operation performed? Yes. Date Oct 5-1936

For what disease or injury? Prostatic hypertrophy.

Name of operation Perineal prostatectomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis G. Llewellyn M. D.

(Address) 3711 Falls Road.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

✓ F 46553

46553

HEALTH DEPARTMENT—CITY OF BALTIMORE

3400 Block Eastern Ave

CERTIFICATE OF DEATH

92-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Emergency Hospital & Clinic (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Schwartz

(a) RESIDENCE No. 1903 S. Conkling St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs 5 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Schwartz

6 DATE OF BIRTH (month, day, and year): Dec. 23 1887

7 AGE: Years 50 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John George Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md.

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Schwartz

(Address) 903 S. Conkling St.

Filed MAY 7 - 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 - 1938

17 I HEREBY CERTIFY, That I attended deceased from See. 1936 to May 6 - 1938.

that I last saw him alive on May 6th 1938

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Valvular Heart Disease - Coronary Heart Disease

(duration) yrs. mos.

CONTRIBUTORY (Secondary): Acute Dilatation of Heart

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas J. Scheidemantel M. D.

, 19 (Address) 3329 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 9 19

20 UNDERTAKER: George W. Zeibler

ADDRESS: 1737 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

F 16554 DUNK ✓ F 16554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt Gen Hosp. St. 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Dunk

If U. S. Veteran specify WAR .....

(a) Residence: No. 5306 Norwood ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Dunk

6. DATE OF BIRTH (month, day, year) Feb. 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 5-3	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Walter Dunk

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Scaly

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ella Dunk

(Address) 5305 Norwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lot Lincoln Date May 8 1938

19. UNDERTAKER Edw. Lilly

(Address) 2922 Boyd Rd.

20. FILED May 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938 to May 5, 1938

I last saw him alive on May 5, 1938 Death is said to have occurred on the date stated above, at 11.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	?
Chron Nephritis.	
Pneumonia over	5-2-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) WBGH

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 7-1938

11

B 16555

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16555

CERTIFICATE OF DEATH

× 66-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmanuel Hospital St. 4 W Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Ogle

(a) Residence: No. Frederick Md St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced (or) WIFE of Chester M Ogle

6. DATE OF BIRTH (month, day, year) 1-9-[illegible]9

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Wm W Hammond

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Sarah Evans

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Chester M Ogle (Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Md Date May 9 1938

19. UNDERTAKER Frances A Kemp (Address) 528 N Mirage St

MAY 7 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 6 1938

I last saw h[illegible] alive on May 6 1938 Death is said to have occurred on the date stated above, at 2 1/2 m.

The principal cause of death and related causes of importance were as follows:

1 Thyro-toxicosis — Date of onset June 1933

2 Status thymico lymphaticus

Other contributory causes of importance

Was an operation performed? yes Date of May 6, 1938

For what disease or injury? Thyrotoxicosis

Name of operation Sub-total thyroidectomy

What test confirmed diagnosis? C & P Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nachman Davidson, M. D.

(Address) Emmanuel Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 16556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16556

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Register St St. 8-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward F. Valentine

(a) Residence: No. 1800 N. Register St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis L. Valentine

6. DATE OF BIRTH (month, day, year) Oct 14, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tally

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk B&O R.R.

10. Date deceased last worked at this occupation (month and year) Feb 1931

11. Total time (years) spent in this occupation 13Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Valentine

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Wilhilmina Ehlers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna F. Sutor

(Address) 1800 N. Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 7, 1938

19. UNDERTAKER Robt C & B M Walter

(Address) Pratt & Stricker Sts

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to May 5-1938 19 .....

I last saw him alive on May 4- 1938. Death is said to have occurred on the date stated above, at 4.30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1933
Chronic Myocarditis	1937
Pyelo nephritis	1938
Other contributory causes of importance: Multiple Sclerosis	1938

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury no injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E North Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

May 7 1938

D 7-1938

H

Spec.-7-17-26—A Co.—200 Bks.

F 46557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46557

130

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 N Carey St. 19-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addison Owens

(a) RESIDENCE NO. 528 N Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ardel Owens

6 DATE OF BIRTH (month, day, and year) nov. 2 1868

7 AGE	Years	Months	Days
	69	8	3

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer

9 BIRTHPLACE (city or town) Wakefield

(State or country) Va.

PARENTS

10 NAME OF FATHER Addison D. Owens

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Naomi Hargrave

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Delia N. Foster

(Address) 528 N Carey

7-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5 19 3

17 I HEREBY CERTIFY, That I attended deceased from 4-23, 19 38, to 5-5, 19 3

that I last saw h[illegible] alive on 5-5, 19 38

and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

coma

(duration) yrs. 1 mos. 14 d

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs. mos. d

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical Exam.

(Signed) W. Atwell Jones, M.

, 19 (Address) 534 Dolphin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Date of Burial May 7 19

20 UNDERTAKER Elroy C Wilson ADDRESS 1101 Bra

FOR—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 46558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46558

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 University Pkwy St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria Louisa Stewart

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 920 University Pkwy St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 27 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dr. Jas. A. Stewart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Baxter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Lydia M. Stewart (Daughter)

(Address) 920 University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel - Date May 1938

19. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W. Mt. Ave

20. FILED ..... 19.... Registrar.

Vol. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/1938

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to May 6 1938

I last saw her alive on May 6 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Arterio-sclerosis	
Other contributory causes of importance:	
Corpse Deflation	2-8 days
Pulmonary Edema	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Moody M. D.

(Address) 1405 Park ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16559 HEALTH DEPARTMENT—CITY OF BALTIMORE 16559

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sterrad Wilkerson

(a) Residence: No. 938 Harford ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-21-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6 Wks 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Wilkerson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sarah bell Rayster

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 7 1938

19. UNDERTAKER Robert J. Williams

(Address) 15 N. Mosher St

20. MAY 7 - 1938 Huntington Wilkerson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938 to May 4, 1938

I last saw him alive on May 4, 1938. Death is said to have occurred on the date stated above, at 755 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, primary — Date of onset 4-30-38

Other contributory causes of importance:

Was an operation performed? No Date of 0-5-38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupatinn of deceased? No. If so, specify

(Signed) Wm C Stiller Jr. M. D.

(Address) Johns Hopkins Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46560 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46560

CERTIFICATE OF DEATH

91-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Bowen

(a) Residence: No. 1704 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Bowen.

6. DATE OF BIRTH (month, day, year): ? 1916

7. AGE: Years 22; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Prince George Co Va

FATHER

13. NAME: Jessie Morton

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Bettie Chatten

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Lee Bowen 1704 Orleans St

18. BURIAL, CREMATION, OR REMOVAL: Place Farmville Va Date May 7 1938

19. UNDERTAKER (Address): Robt T Williams 15 15 McElderry St

20. MAY 7 - 1938 Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis (Rheumatic origin)	? 1
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Histology Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George L. Allen M. D.

Coroner

(Address) 509 Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46561 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46561

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Esther Liberles

(a) Residence: No. 4210 Fernhill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert S Liberles

6. DATE OF BIRTH (month, day, year) May 13. 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sam. Eisenberg

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Carrie Burgunder

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Mr. G. S. Liberles

(Address) 4210 Fernhill Ave

18. BURIAL, CREMATION, REMOVAL

Place Fort Lincoln Cem. Date May 9 1938

19. UNDERTAKER Sharf Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED MAY 7 - 1938 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide from over dose of Drug (Paraldehyde) (PARALDEHYDE)	5/3/38
Other contributory causes of importance: Depressed Melancholia	for 5 mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 3, 1938.

Where did injury occur? At Home Balt.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D. Coroner

(Address) 612 N 40

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

345-372
F 46562

Registered No. 108

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Younger — If U. S. Veteran specify WAR

(a) Residence: No. 107 Reisterstown St., Rd Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/24/57

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Gaphardt-
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Loh
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friend — (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Interred Cedar Date May 9, 1938

19. UNDERTAKER Edmonson Hotel (Address) 361-17 Eutaw St

20. FILED ..... 19 ..... Registrar.

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 6, 1938
I last saw h alive on May 6, 1938 Death is said to have occurred on the date stated above, at 12 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 2
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Walter B. Bond, M. D.
(Address) Johns Hopkins

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. STATE NATURAL OCCUPATION is very important. See instructions on back of certificate.

F 46563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 28-4 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Herman Vordenberger Kathrine Vordenberg ☐ U. S. Veteran (specify WAR)

(a) Residence: No. 909 Walnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman H. Vordemberge

6. DATE OF BIRTH (month, day, year) Nov. 26, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schuessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman H. Vordemberge
(Address) 909 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 7/38 19

19. UNDERTAKER Harry H. Nitske
(Address) 4101 Edmondson Ave

20. FILED 19 ..... Registrar.

MAY 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-38 19

22. I HEREBY CERTIFY, That I attended deceased from May-2-7- 19 38 to ..... 19 .....

I last saw h[illegible] alive on May 7 19 38 Death is said to have occurred on the date stated above, at 5.03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal Fistula	1936

Other contributory causes of importance:

Was an operation performed? YES Date of 1936

For what disease or injury? Mucinoid Ca

Name of operation Separation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) B. Hollis Hand M. D.

(Address) U. Mem. Hosp

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether OCCUPATION is very important. See instructions on back of certificate.

16564

HEALTH DEPARTMENT—CITY OF BALTIMORE

16564

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 21-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Knight

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 S. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Cleveland Owens

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alice Knight

16. BIRTHPLACE (city or town) (State or country) Emroy Virginia

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL MAY 7 - 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAY 7 - 1938 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 6, 1938

I last saw h.. alive on May 6, 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Warren Albellar M. D.

(Address) Univ. Hosp.

46565 HEALTH DEPARTMENT—CITY OF BALTIMORE 46565

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2111 Homewood Ave St., (or) 9-8 Ward)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George A. Romoser

(a) Residence: No. 211 Homewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth L. Romoser

6. DATE OF BIRTH (month, day, year) Aug. 5, 1871

7. AGE: Years 66 | Months 9 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander H. Romoser

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Elizabeth Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Alexander H. Romoser 211 Homewood Ave.

18. BURIAL, CREMATION OR REMOVAL Place Druid Ridge Cem. Date May 9 1938

19. UNDERTAKER (Address) Lord & Falconer 1 W. Mt. Royal Ave.

20. DATE RECEIVED MAY 7 - 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 1938 to 5/7, 1938

that saw h.. alive on 5/6/38, 19.. Death is said to have occurred on the date stated above, at 1040 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/4/38
Other contributory causes of importance: Arteriosclerosis	6 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. White M. D.

(Address) 532 S. 22nd St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 46566 HEALTH DEPARTMENT—CITY OF BALTIMORE 46566

CERTIFICATE OF DEATH

47-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Walbrook Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Frederick Baumgartner

(a) Residence: No. 2116 Walbrook Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara E. Baumgartner

6. DATE OF BIRTH (month, day, year) Jan 20 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist Book Conc.

10. Date deceased last worked at this occupation (month and year) retired

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick E Baumgartner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Heinmayer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Frances Perry

(Address) Pittsburgh Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 9 1938

19. UNDERTAKER J. Thos. Deaver & Bro

(Address) Balto

20. FILED MAY 7 - 1938 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 6 1938

I last saw him alive on May 6, 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lymphosarcoma of cervical, Pulmonary-bronchial, axillary and inguinal lymph nodes with secondary nephritis and uraemia	April 1937
Other contributory causes of importance: Hypertensive vascular disease	Mar. 1938 / April 1937

Was an operation performed? Yes Date of May 17 & 28 1938

For what disease or injury? Principal cause of death

Name of operation Biopsy of lymph nodes Throat

What test confirmed diagnosis? Patient died before autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lewis Wallace M. D.

(Address) 2837 Walbrook Ave.

OCCUPATION is very important. See instructions on back of certificate.

Va 8

46567 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46567

CERTIFICATE OF DEATH

1802 tS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., H 2 Ward) 29

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 661 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 + 40

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Sarah Randall

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT ..... (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place National Date May 9, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED MAY 7 - 1938 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 3 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 10 - 18 , 1935 to 5 - 3 , 1938

I last saw h/m alive on 5 - 2 , 1938 Death is said to have occurred on the date stated above, at 7 40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous cervical lymph nodes	unknown
Granuloma inguinale	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 9 - 3 - 36

For what disease or injury?

Name of operation Biopsy

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? unknown If so, specify .....

(Signed) H. H. Hilbert Ward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

16568 E 46568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N Chapel St., 7-4 Ward)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry N. Smith

(a) Residence: No. 1032 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie R. Smith.

6. DATE OF BIRTH (month, day, year) Aug 6-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [redacted]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Martha Ames

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Alice Harvey

(Address) 1032 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 7, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

MAY 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I was in charge of the case described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 5 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. S. Allen M. D. Coroner

(Address) 507 Cinquette St

USE

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46569

46569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2471 Schroeder St. 18-1 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles J. Gross

(a) Residence: No. 2471 N. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances Gross

6. DATE OF BIRTH (month, day, year) July 16 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Daniel Gross

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Georgiana Moore

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Edith Gross
(Address) 2471 Schroeder

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 5/7/38 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1619 W Montgomery st

20. Date 5-7 19 38 Filed 19 ... Registrar Hutchinson, Kan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/38

22. I HEREBY CERTIFY, That I attended deceased from April 29 1938 to May 3th 1938

I last saw h— alive on May 3 1938 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1926
Other contributory causes of importance: arterio-Sclerosis	1926

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J Ernest Bailey M. D.

(Address) 5191 N Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 38-561 / 38-570

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mitchell Scutelsky

(a) Residence: No. 37 Union St., ... Ward Trenton N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-3-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Jacob Scutelsky
14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME Rose Zuts
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Zuts Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mem Park May 7 1938

19. UNDERTAKER Jack Lefkis Inc
(Address) Williamsport, Pa.

20. FILED 7-8-1938 Huntington, W. Va. 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from May. 5. 1938. to May 6. 1938.
I last saw h[im] alive on May 6. 1938. Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (Communicating Type)	May.
Sepsis	Since Birth

Other contributory causes of importance

None

Was an operation performed? Yes Date of May 6, 1938

For what disease or injury? Hydrocephalus

Name of operation Bilateral Choroidplexectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

16571 F 16571

HEALTH DEPARTMENT—CITY OF BALTIMORE

16571

CERTIFICATE OF DEATH

X 131

Registered No.

1. PLACE OF DEATH Sinai Hospital 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.,

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Bress

(a) Residence: No. 930 Gates Ave St., Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Abrahon

6. DATE OF BIRTH (month, day, year)

7. AGE Years 51 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as cotton sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chaim Peto

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sofkie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abrahon Bress (Address) Norfolk Va.

18. BURIAL, CREMATION, OR REMOVAL Norfolk Va. Date May 7 1937

19. UNDERTAKER Jack Levy & Son (Address) 1437 E. Balto

20. FILED 19 Registrar.

7-1936 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 1937 to May 7 1937

I last saw her alive on May 7 1937 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 9/37

Hypertensive C-V. D. is. — 1937

Arteriosclerotic nephritis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Yes Date of 4/37

For what disease or injury? Renal colonic

Name of operation Pyelolithotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert N Gurdenheimer M. D.

(Address) Sinai Hospital

State whether birth occurred in hospital or institution. If so, name it, instead of street and number. OCCUPATION is very important. See instructions on back of certificate.

16572 E 16572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) Lutheran

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Armitage

(a) Residence: No. Sunset Beach Pasadena, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl S. Armitage

6. DATE OF BIRTH (month, day, year) Oct. 12 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Operator of Tech

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Union Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Pearl S. Armitage

(Address) Sunset Beach Pasadena

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 9 1938

19. UNDERTAKER Manna Cook & Sifer

(Address) 1600 W. North ave.

20. FILED ..... 19..... ..... Registrar.

May 7 1938 Huntington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20 1938 to May 5 1938

I last saw him alive on May 5 1938. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset April, 20

Other contributory causes of importance: Over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Chiappio M.D. M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

16573 HEALTH DEPARTMENT—CITY OF BALTIMORE 16573

CERTIFICATE OF DEATH

Ct. - 19257 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Barbara Jones

(a) Residence: No. 1229 Oakhurst Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard D. S. Jones

6. DATE OF BIRTH (month, day, year) 11-23-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Haddinott

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 5/10 1938

19. UNDERTAKER (Address) Wm Cook 1217 E Fayette St

20. FILED 5-10-1938 Registrar Wm. E. Miller, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to May 6, 1938. I last saw her alive on May 6, 1938. Death is said to have occurred on the date stated above, at 5.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-2-38
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16574 16574

CERTIFICATE OF DEATH

34-A-153

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony Foppio

(a) Residence: No. 1927 W Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-1-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Anthony Foppio

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna Alesha

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 9th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

MAY 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-38. 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-5. 1938 to 5-6. 1938

I last saw ~~him~~ alive on 5-6. 1938. Death is said to have occurred on the date stated above, at 10.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	

Other contributory causes of importance:

Eczema	
Double Inguinal Hernia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) T. J. Abbott, M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Deetjen

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46575

F 46575

CERTIFICATE OF DEATH

46-P

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 4E-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr Charles T Deetjen

(a) Residence: No. 1810 E Oliver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Deetjen

6. DATE OF BIRTH (month, day, year) March 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 4/22
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sylvester Deetjen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betty Raschen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 15th 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED [illegible] Funeral Director, Williamsport, Md.

MAY 8-1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16 1938 to Decd 1938
I last saw him alive on May 6 1938 Death is said to have occurred on the date stated above, at 7.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1 year
Post operative shock	3 days.

Other contributory causes of importance:

Was an operation performed? Yes Date of May 3, 1938
For what disease or injury? Carcinoma of rectum
Name of operation Rules
What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard W. Jones M. D.
(Address) Church Home & Infirmary

F 46576 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46576

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-2 Ward)

Registered No. 540

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sumper (Sumpster) (32688)

If U. S. Veteran specify WAR

(a) Residence: No. 6500 Ceucnia Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Sumpster

6. DATE OF BIRTH (month, day, year) Aug. 24, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 1/36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED MAY 8 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938 to May 6, 1938

I last saw her alive on May 6, 1938 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	Apr. 30 1938
Neoplasm of brain	1935 ?
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. Curtis. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

O. K. Paul Chenoweth M.D.

46577 HEALTH DEPARTMENT—CITY OF BALTIMORE 46577

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E 30th St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Patterson If U. S. Veteran specify WAR 3 Rand

(a) Residence: No. 518 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mary Patterson

6. DATE OF BIRTH (month, day, year) May 1st 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Co?

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William R. Patterson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Alfred C. Patterson

(Address) 2912 Brighton st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MAY 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—

I last saw h— alive on — 19—. Death is said to have occurred on the date stated above, at 1 a.m. approx.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio Sclerosis	
Other contributory causes of importance:	
Arterio Sclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ira E. Whitelaw M. D.

(Address) 230 E. Lanvale St.

Bal 4473

Make entries in ink in the proper columns. See instructions on back of certificate. OCCUPATION is very important.

16578 E 16578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33004 JS 45-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-2 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR 16 Ward K.

2. FULL NAME John T. Miller

(a) Residence: No. 2511 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Miller

6. DATE OF BIRTH (month, day, year) 1-12-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Otto Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Inloes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 9th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAY 8 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 7, 1938

I last saw him alive on May 7 1938. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic heart disease	Jan. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

16579 HEALTH DEPARTMENT—CITY OF BALTIMORE V F 16579

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 N. Mount St. 19-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julius Fried

(a) Residence: No. 248 N. Mount St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rose Dee Shapiro

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraun

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraun

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Fried

(Address) 2107 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 5-8-38

19. UNDERTAKER Isaac Louis Joel

(Address) 1437 E Baltimore St

Apr 8 1938 19 Registered.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938 to May 7, 1938

I last saw him alive on May 7, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis and insufficiency	1925?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Cohen M. D.

(Address) 1504 Eutaw Place

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

V.S.

46580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46580

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH Sinai Hospital 15-2
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Cherkassky

If U. S. Veteran specify WAR .....

(a) Residence: No. 1422 Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... job
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Solonon Cherkassky
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Dobie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rebecca Katzen
(Address) 3574 Edmondt ave

18. BURIAL, CREMATION, OR REMOVAL Date 5/10/38
Hebrew Friendship

19. UNDERTAKER Jay Lewis Inc
(Address) 1439 Eutaw Place St.

20. FILED MAY 8 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1938 to 5/6 1938

I last saw h— alive on 5/6 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Perforated Gastric Ulcer — Date of onset 4/30
P. D. Intestinal Obstruction
Uremia

Other contributory causes of importance:
Bleeding from ulcer.

Was an operation performed? Yes Date of 4/30 & 5/3

For what disease or injury?

Name of operation Repair of Ulcer - Release of Adhesions

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. D. Shrikin M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 46581

HEALTH DEPARTMENT—CITY OF BALTIMORE

46581

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Goldie Billig

(a) Residence: No. 2329 Reisterstown Rd. St., Balto.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Billig

6. DATE OF BIRTH (month, day, year)

7. AGE: 20 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: A. Billig - Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodson Mill Rd. Date 5-8-38

19. UNDERTAKER: Jack Levine

(Address) 1439 E. Balto St

20. FILED 19

Registrar

MAY 8 - 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1938 to 5/6 1938

I last saw her alive on 5/6 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 10/1/37

Other contributory causes of importance:

Diabetes mellitus

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irwin Sanborn M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 16582

16582 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3433 Frederick Ave. 20-8 Ward)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H Flowers

(a) Residence: No. 3433 Frederick Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah C Flowers

6. DATE OF BIRTH (month, day, year): Jan 5 1885

7. AGE — Years: 53 | Months: 4 | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Freight

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William A Flowers

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Lucie Engel

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs C Flowers

(Address) 3433 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem Date: May 9 38

19. UNDERTAKER: Riggs & Ashley

(Address) Govans Baltimore

20. FILED MAY 8-1938 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11 1938 to May 6 1938

I last saw him alive on May 4 1938 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/11/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L Pennington M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

VS 3

46583 HEALTH DEPARTMENT—CITY OF BALTIMORE 46583

CERTIFICATE OF DEATH

Registered No. 25-3 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hosp (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ellen L. Banks. ELEANORA BANKS If U. S. Veteran specify WAR
(a) Residence: No. 1904 Grimnalds Ave' St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hen. E. Banks

6. DATE OF BIRTH (month, day, year) July 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME John Adams
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Margaret
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William L. Banks
(Address) 1904 Grimnalds Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date May 10 193

19. UNDERTAKER John Comstock Ltd
(Address) 1900 Eutaw Place

20. FILED MAY 8 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 7, 1938
I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Arteriosclerosis	?
Other contributory causes of importance:	
Diabetes	1937
Myocarditis - chronic	1936

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. K. Mansfield, M. D.
(Address) Md. Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

16584 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16584

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. Life

2. FULL NAME Anne L. Greenfield

If U. S. Veteran specify WAR .....

(a) Residence: No. Homewood Apts. Charles & 31st St, Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 24, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Aquila H. Greenfield

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Blades

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dr. Wm. H. Daniels
(Address) Atlanta Ga.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 5-8-38

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

MAY 8 1938 ..., 19.. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 - ..., 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 - ..., 1933 to May 6 ..., 1938

I last saw h[illegible] alive on May 6 ..., 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Hemiplegia -	
General arteriosclerosis	1933
Other contributory causes of importance:	
Acute Pulmonary Edema.	5/7/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H Daniels, M. D.

(Address) 2112 Maryland Ave.

OCCUPATION is very important. See instructions on back of certificate.

Wm H Daniels

E 46585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46585

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Life time

2. FULL NAME Mrs. Rose V. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1800 South Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Williams

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Campbell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Lovett Finlay

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Dr. Bernard W. Donohue

(Address) 1800 South Road, Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5/9/38, 19

19. UNDERTAKER Thomsen & Son

(Address) 805 W. Calvert St.

20. FILED ... 19... Lillie Lee Williams

Registrar

AY 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4-38, 19 to 5-6-38, 19

I last saw her alive on 5-6-38, 19 Death is said to have occurred on the date stated above, at 1.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 46586

46586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 20-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1552 Hollins St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Brendel

(a) Residence: No. 1552 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Brendel

6. DATE OF BIRTH (month, day, year) June 6-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3.	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Wittke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Brendel

(Address) 1552 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Date May 9/38

Place Holy Redeemer

19. UNDERTAKER C. H. Blackert & Son

(Address) 1300 E. Fayette St

20. FILED MAY 8 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

thereat and from the evidence had by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	May 3

Other contributory causes of importance: Strangulated right inguinal hernia ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) M. J. Hanna M. D. Coroner

(Address) 1822 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

16587 ✓ F 16587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 145-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. PROVIDENT HOSPITAL St. 14-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME VICTORIA BLOCKSTONE

If U. S. Veteran specify WAR .....

(a) Residence: No. ELKRIDGE MD St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	COLORED	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JAN 14 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkridge
(State or country)

FATHER

13. NAME John BLOCKSTONE

14. BIRTHPLACE (city or town) ELKRIDGE MD
(State or country)

MOTHER

15. MAIDEN NAME Louisa Wilson

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT John Blockstone
(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place Blockstone Cem. Date 5-10 19 38

19. UNDERTAKER F.C. Hagenbothom
(Address) Ellicott City Md

20. FILED MAY 8 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH ×

21. DATE OF DEATH (month, day, year) 5-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1938 to 5-8, 1938

I last saw her alive on 5-8, 1938 Death is said to have occurred on the date stated above, at 3 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PUERPERAL SEPSIS.	
SECONDARY ANEMIA.	
(Con)	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

46588 HEALTH DEPARTMENT—CITY OF BALTIMORE 46588

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Joseph Kolomaznik If U. S. Veteran specify WAR .....

(a) Residence: No. 737 N. Lakewood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Kolomaznik

6. DATE OF BIRTH (month, day, year) May 19-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Uhlirske Janovice Bohemia

FATHER

13. NAME Joseph Kolomaznik

14. BIRTHPLACE (city or town) (State or country) Uhlirske Janovice Bohemia

MOTHER

15. MAIDEN NAME Anna Kaplan

16. BIRTHPLACE (city or town) (State or country) Uhlirske Janovice Bohemia

17. INFORMANT Joseph Kolomaznik (Address) 737 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Dat-Hill Date May 10 38

19. UNDERTAKER Geo M Fenton & Son (Address) 611 E Monument St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5 1938 to May 7 1938

I last saw her alive on May 7 1938. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Left Ventricle	5-7-38
Coronary Thrombosis	approximately 4-29-38

Other contributory causes of importance:

arteriosclerosis Generalized ?	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H Lewis M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8-1938

16589 F 16589

345278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 3-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Schenk If U. S. Veteran specify WAR

(a) Residence: No. 234 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius Schenk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Matilda Betner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date May 9 1938

19. UNDERTAKER John M Welsh (Address) 401 S. Chester St

20. FILED 19 Registrar

MAY 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1938 to May 5, 1938

I last saw him alive on May 5, 1938 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral arteriosclerosis	(1937)
2 Cardiac insufficiency	1937
Azotemia	1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frederick A. Barrett M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 46590 Joseph D Cox F 46590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ. of Md. Hosp. St., [illegible] Ward) 6-2

Length of residence in city or town where death occurred .... yrs. .... mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph D. Cox

(a) Residence: No. 2436 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar. 8th. 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	1 0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Cox

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emelia Walston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph Cox
(Address) 2436 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May 9th, 19 38

19. UNDERTAKER Philip Herwig Sons
(Address) [illegible]

20. FILED MAY 9 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of Vault of Skull (Fell from 2nd Story window) at University Hospital	24 hrs.
Other contributory causes of importance: Shock; Cardio-respiratory failure	2 hrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical findings & Autopsy Report Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Accident Date of injury 5/5, 1938

Where did injury occur? Child fell from window at University Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell from window

Nature of injury Multiple fractures of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Abrams, M. D.
Coroner

(Address) 2360 Eutaw Place.

Use OCCUPATION is very important. See instructions on back of certificate.

46591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46591

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bacts. City Hospitals — 131 — cc

CITY OF BALTIMORE: (No. Bay View St. 14 Ward 3) Registered No. 1812

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel E. Williams — If U. S. Veteran specify WAR

(a) Residence: No. 709 Saint St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of / WIFE of: Charles Williams

6. DATE OF BIRTH (month, day, year): Dec. 25 1907

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 3 Weeks past
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salisbury Md

FATHER

13. NAME: Wm. Tyson
14. BIRTHPLACE (city or town) (State or country): Salisbury Md.

MOTHER

15. MAIDEN NAME: Annie Stewart
16. BIRTHPLACE (city or town) (State or country): Salisbury Md

17. INFORMANT (Address): Charles Williams, 709 Saint St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 9 1938

19. UNDERTAKER (Address): Thomas E. Kelson 1303 Pressman St

MAY 9 1938 — Filed 19 — Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1938

22. I HEREBY CERTIFY, That I, last charge of the remains described above, held an Attorney (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	June
Nephritis	June
Pericarditis	June

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Gilmor St.

F. M. D. No. 16592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16592

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Division St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob McBride

(a) Residence: No. 2210 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy T. McBride

6. DATE OF BIRTH (month, day, year) 12-10-1860

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	77	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anson Co., N.C.

FATHER

13. NAME Lewis Brown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lewis Brown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Charlie Johnson (Address) 2210 Division St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 9 38

19. UNDERTAKER Thomas E. Nelson (Address) 1303 Presstman St

20. FILED MAY 9 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-2- 1938 to 5-7- 1938

I last saw him alive on 5-7- 1938 Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	12-1937

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Hodge M. D.

(Address) 1516 N. Monroe St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

F 46593

46593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-B-149

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 12 Ward)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Thelma Theresia Hisley

(a) Residence: No. 642 S. Montford Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hisley

6. DATE OF BIRTH (month, day, year) 10-2-11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 5-4-38

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillian Rusk

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) John Hisley 642 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9, 1938

19. UNDERTAKER (Address) John Ulrich 2008 Eutaw St.

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to May 6, 1938

I last saw her alive on May 6 1938 Death is said to have occurred on the date stated above, at 3.25 a.m.

The principal cause of death and related causes of

	Date of onset
child birth	
Inversion of uterus	5-5-38
Post-partum shock	5-5-38
Other contributory causes of importance:	
Post-partum hemorrhage (severe)	5-5-38

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome Burtoe, M. D.

(Address) 736 Northern Parkway.

OCCUPATION is very important. See instructions on back of certificate.

F 46594

F 46594 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hos St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME William Benski

If U. S. Veteran specify WAR

(a) Residence: No. 2010 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1. 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in distilery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton Penna

FATHER

13. NAME Frank Benski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Cyson

16. BIRTHPLACE (city or town) (State or country) Polan

17. INFORMANT Mary Benski

(Address) 2010 Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 5/10 19 38

19. UNDERTAKER Wm S. Falkowski

(Address) 2007 Eastern Ave

Huntington Williams, N.Y.

Registrar

MAY 9-1938

V S R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-Acute Bacterial Endocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 46595

46595 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

15-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Walther

(a) Residence: No. 4000 Pimlico Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winfred Walther

6. DATE OF BIRTH (month, day, year) Feb. 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Artist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hugh Walther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Willelimaina Steinbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl H. Walther
(Address) Pottstown Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 9 19 38

19. UNDERTAKER Wm. F. Tyrell & Son
(Address) North Ave. Balto. Md.

20. FILED 19
Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	
Fracture of R. Humerus	
Urema Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Date of injury May 3, 1938 19

Where did injury occur? 1 mile east of Elbersburg Liberty Road
(City, Town, or County, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury While driving machine in rain s

Nature of injury storm skidded & struck telephone Pole

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 3737 N Hobart

OCCUPATION is very important. See instructions on back of certificate.

F. S. 1938

46596

HEALTH DEPARTMENT—CITY OF BALTIMORE

46596

CERTIFICATE OF DEATH

1122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 28-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma Bosley

If U. S. Veteran specify WAR .....

(a) Residence: No. 509 Stamford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Milton W. Bosley

6. DATE OF BIRTH (month, day, year) May 8th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Stallman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Milton W. Bosley
(Address) 509 Stamford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 10th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED V. 9 - 1938 Lington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 . 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6 . 1938 to May 8 . 1938

I last saw h[illegible] alive on May 8 . 1938 Death is said to have occurred on the date stated above, at 3 30 .Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (post operative adhesions)	5 3 38
Surgical shock	
Other contributory causes of importance:	
Chr. acute kidneys	

Was an operation performed? Yes Date of May 7, 1938

For what disease or injury? Intestinal obstruction

Name of operation Release of adhesions

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) S. J. A. Revell Jr. . M. D.

(Address) University Hospital

F 46597

46597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha M. Disney (Bertha Germain Disney)

(a) Residence: No. 2908 Manhattan Ave. St., ... Ward. ...
(Usual place of abode) Mt. Washington City (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of — Albert B. Disney

6. DATE OF BIRTH (month, day, year) April 27, ~~1890~~ 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~76~~ 49	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME Mr. James D. Matthews

14. BIRTHPLACE (city or town) (State or country) Cumberland, Md

MOTHER

15. MAIDEN NAME Miss Anne Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 11th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED ... 19... ... Registrar.

5-16-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 8, 1938.

I last saw her alive on May 8, 1938. Death is said to have occurred on the date stated above, at 11 40/A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	March 1937

Other contributory causes of importance:
Generalized arteriosclerosis ?
Malignant hypertension (June 37) Coronary occlusion - ?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Yes

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Robert H. Lives M.D.
(Address) Union Memorial Hospital.

OCCUPATION is very important. See instructions on back of certificate.

16598 HEALTH DEPARTMENT—CITY OF BALTIMORE 16598

33081 JS

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospt. St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Green

(a) Residence: No. 337 W. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-4-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Tillie Smallwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Centerville Md Date 5/10/ 1938

19. UNDERTAKER Francis A Hemsley
(Address) 578 N Biddle St

20. FILED MAY 9 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 7, 1938

I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-3-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santalle M. D.

(Address) Baltimore City Hospitals

16599 HEALTH DEPARTMENT—CITY OF BALTIMORE 16599

CERTIFICATE OF DEATH

V 89-a

1. PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View St., 19th Ward)

Registered No. 572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Pope

(a) Residence: No. 620 Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Richard Nelson

14. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

15. MAIDEN NAME Annie Rawlings

16. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

17. INFORMANT Norman Hutchison

(Address) 620 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date May 9, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED , 19 Registrar

MAY 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Brain (Streptococcus infection)	May 1
Other contributory causes of importance: Cellulitis Mastoid Chronic	6 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. C. Wood M. D. Coroner

(Address) 1712 N. Bond St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46600

CERTIFICATE OF DEATH

F 46600

93-C

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Mount St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruby H. Wolf

(a) Residence No. 213 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara N. Wolf.

6. DATE OF BIRTH (month, day, year) Dec. 25 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mathias Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josepha Richheiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara N. Wolf.
(Address) 213 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date May 11, 1938

19. UNDERTAKER George L. Schorat.
(Address) 2101 Frederick Ave.
Huntington Williams, N.T.

20. FILED MAY 9 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to May 8, 1938

I last saw him alive on May 8, 1938 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr.
Other contributory causes of importance: Arteriosclerosis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Wheeler, M. D.

(Address) 1279 Mulberry

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

46601 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46601

CERTIFICATE OF DEATH

Registered No. 20-2107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W Lexington St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Samuel Holden

(a) Residence: No. 2123 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred S. Holden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sandie E. Dawes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Alfred S. Holden
(Address) 2123 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 9 1938

19. UNDERTAKER George L. Isphording
(Address) 2101 Frederick Ave.

20. FILED MAY 9 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938 to May 7 1938

I last saw her alive on May 7 1938. Death is said to have occurred on the date stated above, at 11-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia —	5 days
Other contributory causes of importance: —	
Mitral Stenosis —	5 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gray — M. D.

(Address) 622 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-06 F 46602

46602

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Pearlman St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L Simms

If U. S. Veteran specify WAR

(a) Residence: No. 708 Pearlman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): ~~Married~~

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ~~June 29 1935~~ May 8 1935

6. DATE OF BIRTH (month, day, year): ~~May 8 1936~~

7. AGE: Years 1 | Months 2½ | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt.

FATHER

13. NAME: Gus. Polario

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Helen Simms

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Helen Hogsed. (Address) 308 Pearlman St

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date May 11 1938

19. UNDERTAKER: Thompson & Son (Address) 361-7 Christian St

MAY 9 - 1938 19 Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis acute	5/8/38
Other contributory causes of importance: acute Tonsilitis	5/6/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V 86

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46603

F 46603

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital 13-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Christmas

(a) Residence: No. 702 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie E. Christmas

6. DATE OF BIRTH (month, day, year) Dec 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Shop

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Christmas

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah E. ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harry Christmas

(Address) 322 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Mt Auburn Hampden Date May 10, 1938

19. UNDERTAKER Thanhouser & Son

(Address) 365-7 Christmas Ave

MAY 9 - 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1938, to May 7th, 1938

I last saw him alive on May 7th, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

1 Hematuria — caused by Bladder Calculus

Date of onset May 1st

Other contributory causes of importance:

Acute Secondary Anemia

Chronic Myocarditis —

Name of operation None — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf, M. D.

(Address) Franklin Sq Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

46604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 193-E 46604

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Ann St. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Kulczynski

(a) Residence: No. 509 S. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kulczynski

6. DATE OF BIRTH (month, day, year) Dec. 8, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Skold, Germany

FATHER

13. NAME Joseph Kulczynski

14. BIRTHPLACE (city or town) (State or country) Skoki, Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Rose Kulczynski

(Address) 509 S. Ann St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place St. Stanislaus Date May 10, 1938

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1808 Eastern Ave

Filed MAY 9 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938 to May 6, 1938

I last saw h[e] alive on May 6, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (right)	4/30/38
Other contributory causes of importance: Arteriosclerosis and myocarditis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis P.S.-as, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Feyerbrichin M. D.

Address 1802 Eastern ave.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

46605 F 46605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 E. Monument St. Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clara V. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1643 E. Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, year): Oct. 1882.

7. AGE: Years 55 | Months 7 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wesley Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emelia Hockins

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ida Jones

(Address): 1643 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL: Asbury Memorial Park 5/9/38

19. UNDERTAKER: Robert F. Gould

(Address): 804 N. Caroline St

20. FILED MAY 9 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 5, 1938

I last saw h. alive on May 4, 1938 Death is said to have occurred on the date stated above at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 3 1938
Arteriosclerosis	[illegible]
Arthritis	[illegible]

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1429 E. Monument St

46606 F 46606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23-84-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St.) (Ward) 23-84-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Crews (30062) If U. S. Veteran specify WAR

(a) Residence: No. 128 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of xxxx

6. DATE OF BIRTH (month, day, year) Feb. 10, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Betty Jones

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 5/9/38

19. UNDERTAKER David L Brown & Son
(Address) 108 W Montgomery St

20. FILED 19 Registrar.

5-9-1938 Austin Jones Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1938 to May 6, 1938

I last saw him alive on May 6, 1938 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L M Curtis M. D.

(Address) Balto. City Hospitals

16607

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH

F 46607

√ 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William McCann or William McCain

If U. S. Veteran specify WAR

(a) Residence: No. 1401 Eastern Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: unk.

6. DATE OF BIRTH (month, day, year): 1/19/1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	84	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: brick layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unk. plt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: John W. McCann

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Orem

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Date 5/10 1938

19. UNDERTAKER (Address): Wm Cook 1210 E Lombard St

20. FILED: Huntington Williams, M.D.

5-1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/6/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1937 to May 6 . 1938

I last saw h[illegible] alive on May 6 . 1938. Death is said to have occurred on the date stated above, at 12 15 C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Jan 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauballe M. D.

(Address) Baltimore City Hospitals

16608 E 16608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 137 rhw

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Jenkins

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. timekeeper 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building Plant Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Ponce

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 9 - 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. [illegible] Registrar.

9-1938

Huntington Williams M.D.

3993 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1918, to 5-3, 1938

I last saw h[illegible] alive on 5-3, 1938 Death is said to have occurred on the date stated above, at 6.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	[illegible]
Acute Retention of Urine	3-13-38

Other contributory causes of importance:
Arteria Sclerotic Cardio Vascular disease unknown

Was an operation performed? Yes Date of 3-15-38

For what disease or injury? Acute Retention of urine

Name of operation Supra Pubic Cystotomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

16609 E 16609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S. Chester St St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Ellen F. McManus

(a) Residence: No. 238 S. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): March 7 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James McManus

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Cath. Hanley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Edward Welsh 238 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/10/ 38

19. UNDERTAKER (Address): L. Heemann And Son 32 S. Broadway

20. FILED MAY 9 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to May 7, 1938

I last saw her alive on May 6, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Casoyne M. D.

(Address) 514 Druid Lane

E 46610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter M. Bassing

(a) Residence: No. 4012 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 16, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 43	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 5-7-38

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Bristol Rhode Island

FATHER

13. NAME Jacob Bassing

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Clara Sitter

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Jacob Bassing
(Address) Bristol, R.I.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Providence, R.I. Date May 9 1938

19. UNDERTAKER David Longchein & Son
(Address) 1902 Eutaw Place
Huntington Williams, Registrar.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1938, to 5-9, 1938

I last saw him alive on 5-7, 1938. Death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vasc Disease	
Coronary Thrombosis	
Other contributory causes of importance:	
Pulmonary Congestion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Abbott, M. D.

(Address) Mercy Hospital

F 46611

6611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 EDGEWOOD ST. St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ERNESTINE F. EATON

(a) Residence: No. 520 EDGEWOOD ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of THOMAS J. EATON

6. DATE OF BIRTH (month, day, year) JUNE 18-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN WAY

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARIE SMITH

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MRS. BRUECKNER (DAUGHTER)
(Address) 520 EDGEWOOD ST.

18. BURIAL, CREMATION, OR REMOVAL
Place LORRAINE CEM. Date MAY 11 19 38

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

20. [illegible] Huntington Williams, Nyr.
9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 8 19 38

22. I HEREBY CERTIFY, That I attended deceased from March 4. 1938, to May 8. 1938.

I last saw her alive on May 7. 1938 Death is said to have occurred on the date stated above, at 6/20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hyper-	
tension.	
Other contributory causes of importance:	
Cerebral Hemorrhage.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Elmer B Freeman M. D.

(Address) 802 - Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

46612

F 46612

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 E. Fort ave St. 24-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Miller

If U. S. Veteran specify WAR

(a) Residence: No. 608 E. Fort St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Miller

6. DATE OF BIRTH (month, day, year): May 14, 1852

7. AGE — Years: 85 | Months: 11 | Days: 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Matthew Gavin

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Hanora McLaughlin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Nora Miller
(Address) 608 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: May 11 1938

19. UNDERTAKER: Margaret A. Flynn
(Address) 1722 Light St

20. FILED: [illegible] Huntington Williams By [illegible]

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to May 8, 1938

I last saw h[illegible] alive on May 8, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance: Hemiplegia	4 days

Was an operation performed? hs Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? hs

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, state fully

(Signed) [illegible] M. D.

(Address) 1279 Millram Pl

E 46613

6613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23 rhw

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander Ferrell

(a) Residence: No. 149 East St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/3/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Allen

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Powell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 9th 1938

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley ave

20. FILED Huntington Williams, M.D.
9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to May 3 1938

I last saw him alive on May 3 1938. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-1-38
Uremic Coma	unknown
Other contributory causes of importance:	
	about

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. J. de Lautelle M.D.

(Address) Baltimore City Hospitals

F 46614

46614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1500 Battery Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hazel G. Fisher

(a) Residence: No. 1500 Battery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 23 - 1891

7. AGE: Years 46 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pikesville Md.

FATHER

13. NAME: William E. Fisher
14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER

15. MAIDEN NAME: Annie R. Fuller
16. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

17. INFORMANT (Address): Mrs Annie R. Fuller 1500 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date May 10 1938

19. UNDERTAKER (Address): Richard Fleming 1426 Light St.

9-1938 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1937 to May 8 1938

I last saw her alive on May 1 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	unknown

Other contributory causes of importance:

Bronchio Pneumonia	7/4/38

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Paul Clifton M. D.
(Signed)
1819 Light St.
(Address)

F 46615

46615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 1872

1. PLACE OF DEATH Bueto City Hospital

CITY OF BALTIMORE: (No. Bay View St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore James Evanick

(a) Residence: No. 617 S. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alex Evanick

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Wdzenfolski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. J. Evanick Mother

(Address) 617 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 10 1938

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern ave

20. FILED 5-10-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. E. Wood, M. D. Coroner

(Address) 1112 N. Broadway

M. D. B. 1268-9

F 46616

46616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3246 Stafford St 30-6 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Smith

(a) Residence: No. 3246 Stafford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Smith

6. DATE OF BIRTH (month, day, year) May 4/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 130

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Brewing Co

10. Date deceased last worked at this occupation (month and year) May 3/1938

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily A Hess

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Smith

(Address) 3246 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date May 12 1938

19. UNDERTAKER Harry T Andercook

(Address) 4201 Kidderbrook Ave

20. 8-1938 Huntington Williams, N.F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to May 8 1938

I last saw him alive on May 6 1938 Death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	Jan 1938
Coronary Occlusion	Sudden

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W Johnson M. D.

(Address) 3432 Sudbrook Ave

E 46617

46617 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH 7914 Kildaire Drive

CITY OF BALTIMORE: (No. St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bernice Blye Charbonnet.

(a) Residence: No. 7914 Kildaire Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irwin J. Charbonnet.

6. DATE OF BIRTH (month, day, year) Feb 7, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alma Ga

FATHER

13. NAME Edward J. Aleshire.

14. BIRTHPLACE (city or town) (State or country) Alma Va

MOTHER

15. MAIDEN NAME Anna N. Knight.

16. BIRTHPLACE (city or town) (State or country) Alma Ga

17. INFORMANT Irwin J. Charbonnet (Address) 7914 Kildaire Drive

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date May 10 1938

19. UNDERTAKER Walter P. McNamara (Address) 4114 Falls Road Huntington Williams, Nov 1938

Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Aleshire Coroner, M. D.

(Address) Towson

16618 16618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 E. Wath Ave 9-8 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jere L. Collins

(a) Residence: No. 926 E Wath Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nan Kennedy Collins

6. DATE OF BIRTH (month, day, year) 5-21-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nan Collins

(Address) 926 E Wath Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 10 19 38

19. UNDERTAKER Mary M Weatherford

(Address) 501 E 22nd St Huntington West Va

20. FILED V 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1937 to May 6 1938

I last saw him alive on May 6 1938. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-27-37
Hypostatic pneumonia	5-2-38
Hypertension	1928
Diabetes Mellitus	?
Other contributory causes of importance: Obesity	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Suter M. D.

(Address) 100 E 23d Baltimore Md

46619

HEALTH DEPARTMENT—CITY OF BALTIMORE

46619

CERTIFICATE OF DEATH

98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-5 Ward)

Length of residence in city or town where death occurred yrs. mos. (60) How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Annie Fahey.

(a) Residence: No. 426 Pitman Place St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Michael L. Fahey

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 8/30/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Edward Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McCullough.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Fahey (Address) 426 Pitman Place

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 11 1938

19. UNDERTAKER Mary M. Woodfield (Address) 321 E 22nd St

20. FILED 19 ... Registrar.

~~MAY 10 1938~~ It is to William Hunting

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1937 to May 8 1938

I last saw h[illegible] alive on May 8 1938. Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset 5/1/38

Other contributory causes of importance: Gangrene Rt leg — Date of onset 10 mos.

Was an operation performed? yes. Date of Feb 3 1938

For what disease or injury? Gangrene Rt leg.

Name of operation amputation of Rt leg

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant Lund, M. D.

(Address) Mercy Hospital

F 46620 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46620

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Wolfe St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Frederick Smith If U. S. Veteran specify War Civil.

(a) Residence: No. 1115 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna Florence Smith

6. DATE OF BIRTH (month, day, year) Oct 5th 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Flora Laabs

(Address) 1115 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 13th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MAY 10 1938 Permit for Burial

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933 to May 9 1938

I last saw him alive on May 7 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation	5 yrs
Other contributory causes of importance:	
Senility	—
Arteriosclerosis	—

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) Laurence M. Lena M. D.

(Address) 1009 Cathedral St

6621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File 46621

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3012 Vineyard St. 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mon. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Nickolas D La Brun

(a) Residence: No. 3012 Vineyard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Alice J La Brun

6. DATE OF BIRTH (month, day, year) May 4th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wolfe & Son

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 1933

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry La Brun

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME 2.

16. BIRTHPLACE (city or town) (State or country) 2.

17. INFORMANT Alice S La Brun
(Address) 3012 Vineyard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 11th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 10 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1937. to May 9 1938.

I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, state

(Signed) H. J. Herzog M. D.

(Address) 1305 N. Patterson Park Ave

16622 E 16622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Race St. St., 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry A. Fontz.

(a) Residence: No. 1517 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 3/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob H. Fontz.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Henrietta Hope.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Taylor C. Fontz.(brother)

(Address) 1517 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 10th, 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt st

20. FILED May 10 1938 Huntington Williams, Registrar

10/1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism.	
Exposure.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

5/9/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See INSTRUCTIONS OF BACK OF CERTIFICATE.

156

6623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16623

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp. 1-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Co Record

2. FULL NAME Sonia Jean Camaleato

(a) Residence: No. 2345 S. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10 22	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Camaleato Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Aquino

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father
(Address) 2345 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 11th 1938

19. UNDERTAKER Wm Cook
(Address) 819 S. Paul St

20. FILED 19 Registrar
MY 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9- 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7- 1938 to 5-9- 1938

I last saw her alive on 5-9- 1938 Death is said to have occurred on the date stated above, at 2:58 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Gas poisoning — Date of onset 5-1-38

Other contributory causes of importance: Gas from coal stove

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Peterson M.D.

(Address) Sydenham Hosp

46624 F 46624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. On lot Foot of Sharp St. St. 21-1 Ward)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Neill.

(a) Residence: No. 747 Alpaca Al. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Annie Neill.

6. DATE OF BIRTH (month, day, year) May 28, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Neill.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ella ---------

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Annie Neill. (wife)
(Address) 747 Alpaca Al.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date MAY 10 1938

19. UNDERTAKER WILLIAM M MARECK
(Address) 715 Light St

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart.	

Other contributory causes of importance: Cardiac

Was an operation performed? NO Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Reinhardt Coroner M. D.

5/9/38 Address 1017 S. Charles St.

A: 10

F 46625

6625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha May Dunlap

(a) Residence: No. Harwood Park St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month, day, year) Never

11. Total time (years) spent in this occupation Never

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME William A Dunlap

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Laura Stevenson

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT (Address) Wm R Dunlap Hiland Ave Harwood Park

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date May 11 1938

19. UNDERTAKER (Address) Charles P Jowell 2427 Edmondson Ave

20. FILED MAY 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/30/ 1938 to 5/8/ 1938

I last saw her alive on 5/8/ 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with nephrosis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Hellreich Jr M. D.

(Address) Harwood Hospital

F 46626

46626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH Union Memorial Hospital 16-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 27 yrs. 8 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record.

2. FULL NAME Mr. Frederick R. Mc Clure

(a) Residence: No. 1001 W. Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~): Unknown

6. DATE OF BIRTH (month, day, year): Feb 6th 1867

7. AGE: Years 71; Months 3; Days 3; If LESS than 1 day, hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draggist Laborer?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Large?

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: William F. Mc Clure

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Annie Wolfe

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: C. A. Strack & Son
(Address) York Pa

18. BURIAL, CREMATION, OR REMOVAL: Prospect Hill Cem. York Pa. May 12th 1938
Place

19. UNDERTAKER: H. M. Cook
(Address) 1212 Gould St

20. FILED ..... 19 ..... Registrar.

MAY 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18 1938 to May 9 1938

I last saw him alive on May 9 1938. Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset Apr. 22 38

(Final)

Other contributory causes of importance:

Fracture, simple, Neck of Femur — Apr 21, 1938 ?

Arteris Sclerosis Cerebral

Was an operation performed? Yes — Date Apr 23, 1938

For what disease or injury? Fracture Simple Neck of Femur

Name of operation Insertion of Steinmann Pin

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. D. Gerber M. D.

(Address) Union Memorial Hospital

16627

F 16627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 McCulloh St. 14-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma E. Ridgley

(a) Residence: No. 1510 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Edward C. Ridgley

6. DATE OF BIRTH (month, day, year) Dec. 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Queen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward C. Ridgley husband

(Address) 1510 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cem Date 5-11-38

19. UNDERTAKER John M. Johnson

(Address) 1700 Eutaw Stall Ave

20. FILED Huntington Nathaniel, Registrar

MAY 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to May 8, 1938

I last saw h[illegible] alive on May 8, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease = Dilatation	4/9
Essential Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) D. Bradshaw Higgins M. D.

(Address) 2243 Madison Ave

F 46628
#32918
SF

46628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 ~~Ward~~)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Smith

(a) Residence: No. 305 N. Carrollton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) 6/27/1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	42	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Spriggs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lottie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Middlesex Cemty Date 5/11 38

19. UNDERTAKER Walter R. Springle
(Address) 132 W. Hamburg St.

20. FILED ... 19 ... Registrar.

MAY 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 28 . 19 38 . to May 9 . 19 38

I last saw her alive on May 9 19 38 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pericarditis	4-25-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) H. J. De Lautelle M.D.

(Address) Baltimore City Hospitals

16629 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16629

CERTIFICATE OF DEATH 28689 JS 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Robinson

(a) Residence: No. 934 N. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Archie

6. DATE OF BIRTH (month, day, year) 8-20-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Harry Clock

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Henriette Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Memorial Date May 10th 1938

19. UNDERTAKER Archibald A. Hughes
(Address) 2101 N. Arlington Ave.

20. FILED 19 Registrar

MAY 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 30 1937 to May 8 1938

I last saw her alive on May 8 1938. Death is said to have occurred on the date stated above, at 9:32 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1936

For what disease or injury? Carcinoma of breast

Name of operation Amputation of breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeLaytable M. D.

(Address) Baltimore City Hospitals

46630 E 46630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1624 McCulloh St. 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lana Johnson

(a) Residence: No. 1624 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) April 29 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Matilda Wallace

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Mrs. Eugene Saunders
(Address) 1624 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 10 38

19. UNDERTAKER Mrs. George H. Holland
(Address) 631 Reed Ave

20. FILED MAY 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/26 1938 to 5/8 1938

I last saw h alive on 5/8 1938. Death is said to have occurred on the date stated above, at 3 10 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchopneumonia
Myocarditis
Chronic cardiovascular renal disease

Date of onset 4/26 5/6 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. Jackson M. D.

(Address) 600 Warlington Ave

F 46631 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46631

CERTIFICATE OF DEATH 33137 (MB) 95-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Sd. 18 < 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Simpson,

(a) Residence: No. 104 Amity St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Simpson

6. DATE OF BIRTH (month, day, year) Unknown 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 ~~50~~ ?	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Pres Rice

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date May 11, 38

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED MAY 10 1938 19 A. Easter Williams, R.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 8, 1938

I last saw her alive on May 8, 1938. Death is said to have occurred on the date stated above, at 11:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-5-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeSantella, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

H 5-653

H 16632

CERTIFICATE OF DEATH

107-a F 16632

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald Flemming

(a) Residence: No. 1230 St - Mathews St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 9/7/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Allen Flemming

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Sarah Watson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Parents (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Date May 10, 1938

Woodlawn Cemetery

19. UNDERTAKER Adolphus Halstead (Address) 918 Chestnut Ave

20. FILED MAY 10 1938 Hampton Wilkinson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to May 8, 1938

I last saw him alive on May 8, 1938 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Bronchopneumonia, primary	5-7-38
Other contributory causes of importance Secondary anemia	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. O. Sellers, Jr. M. D.

(Address) Johns Hopkins Hospital

46633 E 46633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 527 Oakland Ave. (St.) 27-10 (Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Susie Anne Magness
(a) Residence: No. 527 Oakland Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Magness

6. DATE OF BIRTH (month, day, year) Oct. 13, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME James R. Hussey
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Columbia J. Randall
16. BIRTHPLACE (city or town) (State or country) Cape Girardeau Missouri

17. INFORMANT Mrs. I.E. Butler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Churchville, Md. May 12, 1938

19. UNDERTAKER John Burns' Sons
(Address) Towson, Md.

20. FILED Huntington Williams, M.D.
MAY 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to May 9, 1938
I last saw her alive on May 9, 1938 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardio-vascular-Renal disease	1921
Uremia	May 4-38

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Floyd E. Saylor M. D.
(Address) 3902 Greenmount Ave.

16634 HEALTH DEPARTMENT—CITY OF BALTIMORE 16634

CERTIFICATE OF DEATH ✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 W. Fairmount Ave St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sallie Harrison

(a) Residence: No. 2508 W. Fairmount Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nate Wm. K. Harrison

6. DATE OF BIRTH (month, day, year) April 6, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph A. Peach

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda Baxter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Sidney Harrison 2508 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 10/38

19. UNDERTAKER (Address) Harry F. Luttke 4101 Edmondson Ave.

20. FILED 19 (Registrar)

MAY 10 1938 Livingston Williams Reg't

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended, deceased from Jan 1, 1937 to May 7, 1938

I last saw h. alive on May 7, 1938 Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Cerebral hemorrhage	2-22-38
	2-28-38

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gust A. Kupp M. D.

(Address) 3030 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46635

CERTIFICATE OF DEATH

V 46-B F 46635

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jos. Hos. St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William A. D. Reeves

(a) Residence: No. 3205 W. Northern Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
M.	W	M.

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Marie L. Reeves.

6. DATE OF BIRTH (month, day, year) Jan 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Traction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Me.

FATHER

13. NAME Wm H. Reeves.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Jane Hobbs.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Marie L. Reeves.

(Address) 3205 W. Northern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 11 1938

19. UNDERTAKER Wm J. Tighe & Sons

(Address) North & Pa. Aves

MAY 10 1938 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest or Autopsy or Inquiry) and that said deceased came to his death on the day at 2.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Carcinoma of Stomach	
Other contributory causes of importance: Hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

V C B

F 46636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46636

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bd Sin Hospital

CITY OF BALTIMORE: (No. ..... St., 28-4 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Frederick S. Myerly

(a) Residence: No. 4312 Plimlico Rd. Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Myerly

6. DATE OF BIRTH (month, day, year) October 13, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom's Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Elias Myerly

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Ritter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Carroll P. W. Myerly

(Address) 2911 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 12, 1938

19. UNDERTAKER Wm. J. Tickmer and Sons

(Address) North and Pa. Aves.

20. FILED MAY 10 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1938, to 5-9, 1938.

I last saw h... alive on 5-9, 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Other contributory causes of importance: Renal Cardiac Failure	

Was an operation performed? Yes Date of 4-12-38

For what disease or injury? Prostatic Hypertrophy

Name of operation? Prostatectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) C. H. Ewald, M. D.

(Address) Med. Dent. Arts

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46637 (3498 59)

CERTIFICATE OF DEATH

51-B F 46637

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank P. Donlan

(a) Residence: No. 2708 Pulaski St. St., Lakeland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Donlan

6. DATE OF BIRTH (month, day, year) 1-1-84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Donlan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Sentlery

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ref. Office JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 13 1938

19. UNDERTAKER Margaret H. Flynn
(Address) 1124 Light St.

FILED MAY 10 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1938 to 5-10 1938

I last saw h[illegible] alive on 5-10 1938 Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

Infiltrating Carcinoma of urinary bladder with metastasis to regional lymph nodes and right femur — Uraemia — Date of onset 5/5/38

Other contributory causes of importance: Anemia, Urinary Tract Infection — Date of onset ?

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Carl E. Buckland M. D.

(Address) J. H. H.

a s

46638 E 46638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton St.) 25-1 Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Frances H. Rhodes

(a) Residence: No. 112 S. Swartz St. St., ... Ward Martinsburg, W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME E. W. Johnson

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Malala Porter

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Louise Rhodes

(Address) 112 Swartz St. W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. May 10 1938

19. UNDERTAKER Vernon Keehner

(Address) 230 Edmondson Ave

20. FILED ... 19 ... Registrar

8-1938 Huntington Indiana, Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to May 10, 1938.

I last saw h[illegible] alive on May 10, 1938. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, arising probably from small intestine	1 yr ago (?)
Other contributory causes of importance:	

Was an operation performed? Yes Date of Apr 19, 1938

For what disease or injury? Obstruction (intestinal)

Name of operation Colostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

46639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46639

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth C. Beneze

(a) Residence: No. 3153 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George N. Beneze

6. DATE OF BIRTH (month, day, year): December 17, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

13. NAME: Jacob Vogt

FATHER

14. BIRTHPLACE (city or town) (State or country): United States

15. MAIDEN NAME: Hannah Golden

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mr. George Beneze

(Address): 4726-A York Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: May 10 1938

19. UNDERTAKER: [signature]

(Address): 1005 W. Baltimore St.

20. FILED: MAY 10 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd and 3rd degree burns of Abdomen and legs	May 6

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 6 1938

Where did injury occur? 3153 Stafford St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Back yard of home

Manner of injury: Burning, trash and clothing became ignited

Nature of injury: Burns of Body and legs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) [signature] M. D.

(Address) 1822 W. Baltimore St.

46640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Broadway St. 8-6 82-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wm. H. Schwartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1709 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 27th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musical Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Pent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Frederick Schwartz

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Mary Mantz

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Chas Schwartz
(Address) 1709 N Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 11th 38

19. UNDERTAKER Leo G. Cook
(Address) 1703 N Patt Park Ave

20. FILED Huntington Williams, M.D. Registrar.

84938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938 to May 8, 1938

I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown.

Other contributory causes of importance:

Cerebral Hemorrhage.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. R. Gorsborough M. D.

(Address) 2923 N Charles St

F 46641 V F 46641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 W. Franklin St. 20-1 Ward)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... ds.

2. FULL NAME Annie C. Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 1800 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Frank J. Murphy

6. DATE OF BIRTH (month, day, year) Feby 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick E. Hopkins

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth King

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss M. Regina Murphy
(Address) 1800 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/12/, 1936

19. UNDERTAKER John J. Cowan & Son.
(Address) 901 E. Baltimore St.

20. FILED ..... 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to May 9, 1936

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	1936
Other contributory causes of importance: Metastatic Carcinoma Liver	1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Samuel Hyde, M. D.

(Address) 1331 E. Monument St.

TUISON

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46642 — CERTIFICATE OF DEATH — 131 — F 46642

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N Bradford St. 7-3 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett Tinsan

(a) Residence: No. 619 N Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) unk
(State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Mrs Ellen Linell

(Address) 619 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/10, 1938

19. UNDERTAKER Elroy O Wilson

(Address) 1111 Bentley ave

20. FILED MAY 10 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5 1938 to May 6 1938

I last saw h[illegible] alive on May 6 1938 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	About April 1938
Chronic Interstitial nephritis	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23a. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George S. Allen M. D.

(Address) 56 Pinegrove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

16643 29624--CM 16643

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 6 - 4 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ada Ross
(a) Residence: No. 10 N. Castle St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 2-28-1894

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	44	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Abraham
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Annie
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Cem. Date May 13th 1938

19. UNDERTAKER Mrs. Robert A. Elling daughter
(Address) 1129 Caroline St.

0-1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 5 - 8 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 - 4 , 1938 to 5 - 8 , 1938.

I last saw h CE alive on 5 - 8 , 1938 Death is said to have occurred on the date stated above, at 6P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastasis	Unknown
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. K. Woodward jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3644

CERTIFICATE OF DEATH

108 F 46644

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Norfolk Ave. St. 15-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clyde W. Byrd

(a) Residence: No. 4004 Norfolk Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 2, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37 ~~38~~	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Office

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Clyde P. Byrd

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Aida W. Bailey

16. BIRTHPLACE (city or town) (State or country) N.Y. City

17. INFORMANT Mrs. Aida W. Byrd
(Address) 4004 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 5/11/ 19 38

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights

20. FILED MAY 10 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938 to May 9, 1938
I last saw him alive on May 9, 1938 Death is said to have occurred on the date stated above, at 8⁴⁵ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Bailey M. D.

(Address) 117 Medical Arts Bldg

✓ F 46645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

16645

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Matilde Fiore
(a) Residence: No. 129 S. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elia Fiore

6. DATE OF BIRTH (month, day, year) July 2 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Felling Coats
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.Severo Foggia Italy

FATHER
13. NAME Domenico D'Antoni
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Maddalena De Felice
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Fiore (Son)
(Address) 129 S. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem May 11 38

19. UNDERTAKER Frank Weller & Son
(Address) 121 N. Harley St. Huntington Williams N.Y. Secretary

20. FILED MAY 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive at ... hours on ... and that ... death occurred at ... hours on the date stated above.
Cause of death was as follows:

Date of onset

The principal cause of death and related causes of importance were as follows:
Inquest (Inquest, Autopsy or Inquiry)
Inquest (Inquest, Autopsy or Inquiry)
Acr
Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident May 8, 1938
Where did injury occur? Balto. Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street (Central Av/ & Pratt St
Manner of injury Struck by Auto Crossing Street
Nature of injury Central Av. & Pratt St.

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [illegible] M. D.
(Address) 2757 W Lom Av

F 46646

46646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) 44

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Anna Sica

(a) Residence: No. 113 S. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Salvatore Sica

6. DATE OF BIRTH (month, day, year): Nov. 2 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Felling Coats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Palermo Italy

FATHER

13. NAME: Gaetano Di Terasio

14. BIRTHPLACE (City or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Anna ?

16. BIRTHPLACE (City or town) (State or country): Italy

17. INFORMANT: Josephine Fiore
(Address): 113 S. Central Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place: Holy Redeemer Cem May 11, 38

19. UNDERTAKER: Frank Della Noce
(Address): 52 N. Morley St

FILED: [illegible] Registrar

07938

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident May 8, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street (Central Av. & Pratt

Manner of injury: Struck by Auto. Crossing St. Central Av. & Pratt St.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) [illegible] M. D.

(Address) 2757 W. Mulberry

16647 16647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3411 University Place St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CATHERINE McBRIARTY

If U. S. Veteran specify WAR

(a) Residence: No. 3411 University Place St., ... Ward. St. Louis Mo.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. P. McBriarty

6. DATE OF BIRTH (month, day, year) Jan. 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pacific, Mo.

FATHER

13. NAME Sam Jekyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Caraheer

16. BIRTHPLACE (city or town) (State or country) New Orleans, La.

17. INFORMANT Mr. R. P. McBriarty

(Address) 3411 University Place

18. BURIAL, CREMATION, OR REMOVAL

Place St. Louis, Mo. Date May 10 19 38

19. UNDERTAKER Chas. D. Evans & Son

(Address) 118 N. Mt Royal Ave

0 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 19 38

22. I HEREBY CERTIFY, That I attended deceased from 10-11- 1937 to 5-10 1938

I last saw h[illegible] alive on 5-10 1938 Death is said to have occurred on the date stated above, at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
General sclerosis Chronic nephritis. Thrombosis of femoral veins -	6 mos
Other contributory causes (of importance) Hypostatic pneumonia.	8 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Emanuel Hess M. D.

(Address) Medical Arts Bldg.

16648 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 16648

CERTIFICATE OF DEATH

34/23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Cager (26507)

If U. S. Veteran specify WAR

(a) Residence: No. 416 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elamel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Wheeler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Odd Fellows Cem. Date 5/11/38 19

19. UNDERTAKER Robbins & Gilbert
(Address) 918 Druid Hill Ave

20. FILED 5/9 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1937 to May 8, 1938

I last saw him alive on May 8, 1938 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	March 1937.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. H. Cassidy M. D.

(Address) Balto. City Hospitals

(MONROE) ✓ F 46649

46649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 1-4 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Monroe
If U. S. Veteran specify WAR .....

(a) Residence: No. 1017 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wilbert W. Monroe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Mayo

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mary Monroe
(Address) 1017 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5/18, 1938

19. UNDERTAKER Adolphus Pinkstead
(Address) 918 Druid Hill Ave

20. FILED 5-20-1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/38

22. I HEREBY CERTIFY, That I attended deceased from 4/24/, 1938 to 5/18/, 1938
I last saw h[illegible] alive on 5/18/, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1937
Other contributory causes of importance:	
Pulmonary tuberculosis	1937
Tuberculous ulceration of right foot	1937

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify KATHRIDER

(Signed) H. Matthews Jr. M. D.
(Address) Univ. Hospital

✓ F 46650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6650 210-M

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St. 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John L. Fabula

(a) Residence: No. 1209 S. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Fabula
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Kotek
16. BIRTHPLACE (city or town) (State or country) Freeland Pa.

17. INFORMANT Jos. Fabula
(Address) 1209 S. Ellwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/11 1938

19. UNDERTAKER Stephen J. Kalkowski
(Address) 1008 S. Kenwood Ave

20. FILED [illegible] 19 [illegible] Registrar

5-10-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury	
Other contributory causes of importance:	

Was an operation performed? Yes Date May 7, 1938
For what disease or injury? Injury
Name of operation Explo. Date of 1938
What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident May of Injury 1938, 19
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Riding Bicycle Struck by Auto.
Nature of injury at Ponca St. & Holabird Ave.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] Coroner, M. D.
(Address) [illegible]

46651 ✓ F 46651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ~~[illegible]~~ St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard C. Cox

If U. S. Veteran specify WAR no

(a) Residence: No. 1804-Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine (Philip)

6. DATE OF BIRTH (month, day, year) 11/12/1882

7. AGE Years	Months	Days	If LESS than 1 day: hours or min.
55	5	27	~~[illegible]~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Street Cleandept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Luke Cox

14. BIRTHPLACE (city or town) (State or country) ~~Ireland~~ ~~[illegible]~~,

MOTHER

15. MAIDEN NAME Abbe E. Moran

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Catherine Cox

(Address) 1804-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/12/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 175[illegible]-Harford Ave.

20. FILED [illegible] Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence obtained by said [illegible] find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Schenthen M. D.

Coroner

(Address) Comm

16652 16652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Jackisch

If U. S. Veteran specify WAR No

(a) Residence: No. 1735 E Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jackisch

6. DATE OF BIRTH (month, day, year) 3/5/1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F. Wieners

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ahles

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mercy Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL 5/11/38

Place Holy Redeemer Date ..... 19..

19. UNDERTAKER George J. Roth Inc (Address) 1235 Hollins St

10 1938 ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/38 19..

22. I HEREBY CERTIFY, That I attended deceased from 1/31/38 19.. to 5/7/38 19..

I last saw h[illegible] alive on 5/1/38 19.. Death is said to have occurred on the date stated above, at 8.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	1 year
	now

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/10/38

For what disease or injury? Ascites Peritoneal

Name of operation Abdominal paracentesis

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. Lanardi M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16653

16553 51 26

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nick Thomas

If U. S. Veteran specify WAR no

(a) Residence: No. 637 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? —

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Nick Thomas

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Georgia ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 5/11/38

19. UNDERTAKER [illegible] (Address) 1235 [illegible]

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 9 . 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27 . 1938 to May 9 . 1938

I last saw him alive on May 9 . 1938 Death is said to have occurred on the date stated above, at 8.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, pancreas, c generalized metastases	5 months
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 3-1938

For what disease or injury? Carcinoma, pancreas

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in and to the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Howard Kelly M. D.

(Address) Johns Hopkins Hospital

F 46654

46654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John de Baufre

(a) Residence: No. 1605 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James de Baufre

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Lucy Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Wm. N. de Baufre

(Address) 1605 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5-3 1938

19. UNDERTAKER Thos. E. Kelly Sons

(Address) 2435 E. Monument St.

20. FILED MAY 11 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereon and from the evidence, obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Par Opthalmitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Paul Schenker Coroner M. D.

(Address) Coroner

46655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46655

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 N. Park Ave. St. 43-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Florence Matthews Corse

If U. S. Veteran specify WAR

(a) Residence: No. 2001 N. Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. D. Corse, M. D.

6. DATE OF BIRTH (month, day, year) Aug. 7, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68 years	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sparks
(State or country) Maryland

FATHER

13. NAME Wm. Whitelock Matthews

14. BIRTHPLACE (city or town) Cockeysville
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Alice Matthews

16. BIRTHPLACE (city or town) Sparks
(State or country) Maryland

17. INFORMANT Harry Matthews
(Address) Sparks, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cemetery Date May 12th 1938

19. UNDERTAKER Henry C. Lassahn & Son
(Address) 7401 Bel Air Rd.

20. FILED MAY 11 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, 19..., to May 10, 1938

I last saw her alive on May 9, 1938, 19... Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 7

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) A. L. Williams, M. D.

(Address) 5713 Bel Air Rd.

F 46656

F 46656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Clarence Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 4300 Brentwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs. Annie M. Ryan

7. DATE OF BIRTH (month, day, year) July 11, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Timothy Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Laura Newton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Annie Ryan

(Address) 4300 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mays Date May 12 38

19. UNDERTAKER P. J. Marshall

(Address) 3539 Falls Road

20. FILED ... 19...

5 11 1938 Huntingtown, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10- 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7- 1938 to 5-10- 1938

I last saw him alive on 5-10- 1938. Death is said to have occurred on the date stated above, at 935 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Sclerosis.	1920
Coronary Occlusion	5-1-38

Other contributory causes of importance:

Chronic Passive Congestion	5-1-38
Uremia	5-8-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Swallow, M. D.

(Address) Mercy Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16657

CERTIFICATE OF DEATH

34-23 F 16657

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME (Juanita Jackson) Carey Chase (32143)

(a) Residence: No. 837 Coloney St. Clony St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Berry Chase

7. DATE OF BIRTH (month, day, year) Dec. 3, 1899

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash., D. C.

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Carrie Bonds

16. BIRTHPLACE (city or town) (State or country) Wash., D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. 5/11 1938

19. UNDERTAKER Francis A. Kemp Co.
(Address) 578 W. Fayette St.

MAY 11 1938 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to May 7, 1938

I last saw her alive on May 7, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec. 1934

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

46658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46658

CERTIFICATE OF DEATH

26-6 V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6800 Fait Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Dabkowski

If U.S. Veteran specify WAR

(a) Residence: No. 6800 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatius Dabkowski

6. DATE OF BIRTH (month, day, year) dec. 1 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Glinka

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Sojka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Ignatius Dabkowski

(Address) 6800 Fait Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 12 1938

19. UNDERTAKER John J. Welsh

(Address) 401 S. Chester St

19a. FILED MAY 11 1938 Receiving Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 9 1938

I last saw h alive on May 8 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardio-vascular Disease

Chronic Nephritis

Myocardial Insufficiency

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Andrew Kurkowski M. D.

(Address) 2579 Eastern Ave.

16659 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16659

CERTIFICATE OF DEATH 32956 (MB) 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-1 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Monka

(a) Residence: No. 211 S. Castle St., St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William (D)

6. DATE OF BIRTH (month, day, year) 7-3-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 12 1938

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED ___, 19___ Registrar

5-11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938, to May 8, 1938

I last saw her alive on May 8 1938 Death is said to have occurred on the date stated above, at 4:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-30-38
Other contributory causes of importance:	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

Pennington Williams, M.D.

E 46660

46660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Washington Street St., 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus J. Bayer

U S Veteran specify WAR

(a) Residence: No. 515 S. Washington Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
Male	White	Seperated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Bayer

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Magdalena Pawlicki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Magdalena Bayer
(Address) 515 S. Washington Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 13 1938

19. UNDERTAKER Mary Weber
(Address) 401 S. Chester St Huntington Williamsport, Md.

20. FILED MAY 11 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3 1938 to May 10 1938

I last saw h alive on May 9 1938 Death is said to have occurred on the date stated above, at 4:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lethargic Encephalitis	5/3/38
Other contributory causes of importance: Mycosis Oral mouth. Leukemia	7 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emil Stengler M. D.

(Address) 1021 E. Baltimore

16661 Haskins 16661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. E-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hoskins

(a) Residence: No. 1611 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hoskins

6. DATE OF BIRTH (month, day, year) Sept 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elizabeth Hoskins
(Address) 506 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 11 1938

19. UNDERTAKER Mrs. R. A. Elliott & Daughter
(Address) 1129 St. Caroline St.

20. FILED 19 ... Registrar.
5/11/1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1938 to May 8, 1938

I last saw him alive on May 8 1938. Death is said to have occurred on the date stated above, at 2 42 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular disease

Pulmonary tuberculosis

Syphilis

Other contributory causes of importance:

Secondary Anemia

Date of onset

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Gilbert E. Redman M. D.

(Address) St Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46662

CERTIFICATE OF DEATH

34. a

F 46662

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Smith Lemon

(a) Residence: No. 519 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 4 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dolphus Lemon

14. BIRTHPLACE (city or town) (State or country) Manning S.C.

MOTHER

15. MAIDEN NAME Mattie Smith

16. BIRTHPLACE (city or town) (State or country) Manning S.C.

17. INFORMANT Dolphus Lemon
(Address) 519 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 11, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

FILED MAY 11 1938 Huntington Williams, M.D. Registrar

6

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Probably Luetic)	5 days
Other contributory causes of importance: Atelectasis	5 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Abrams M. D.
Coroner

(Address) 1360 Eastern place

46663 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46663

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Menlo Drive 27-20 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward H. Mitchell If U. S. Veteran specify WAR No Record

(a) Residence: No. 3517 Menlo Drive St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Cyrilla M. Mitchell

7. DATE OF BIRTH (month, day, year) Aug 22nd 1883

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Co Realty Co

10. Date deceased last worked at this occupation (month and year) 5/11/38

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William R. Mitchell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary E. Brashears

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cyrilla M. Mitchell
(Address) 3517 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 13th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. DATE MAY 11 1938 19 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to May 10th 1938.

I last saw him alive on May 10th 1938 Death is said to have occurred on the date stated above, at 7:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	Nov 1st 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Elbert C. Reisinger M. D.

(Address) 2245 Reisterstown Rd

F 46664

46664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2550 W. Baltimore St., St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Johanna Goodwin

(a) Residence: No. 2650 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Widdowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas G. Goodwin

6. DATE OF BIRTH (month, day, year) Aug. 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 1037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Dennis Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas C. Goodwin

(Address) 2550 W. Baltimore St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 12 1938

19. UNDERTAKER Wm Cook

(Address) 827 St Paul St

20. FILED May 11 1938 H. H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	May 9
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 1822 W. Baltimore St.,

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46665

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 74 yrs. 0 mos. 4 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Miss Marietta E. Crisp

(a) Residence: No. 2709 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May-5-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Fredk. G. Crisp

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

15. MAIDEN NAME Alverda Shipley

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

17. INFORMANT Mr. F. G. Crisp. (Father)
(Address) 2709 St. Paul St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Date May-11-38

19. UNDERTAKER Elizabeth Memorial Chapel
(Address) 1 of Lexington

MAY 11 1938 19 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938. to May 7, 1938.

I last saw h.E.K. alive on May 9, 1938. Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis - Probable	
Perforated Appx	
Diabetes Mellitus	
Obesity	

Other contributory causes of importance:

Lobular Pneumonia	
Cardiac Failure	

Was an operation performed? Yes. Date of 5/7/38

For what disease or injury? Pelvic Peritonitis - Abscess

Name of operation Incision + Drainage - Cotton

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital.

46666 F 46666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2311 Eldmore ave St., 15-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Gladding jr. If U. S. Veteran specify WAR

(a) Residence: No. 2311 Elsmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel M. Gladding

6. DATE OF BIRTH (month, day, year) June 27, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) 5/38 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER FATHER

13. NAME Charles T. Gladding

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

15. MAIDEN NAME Elizabeth Mayo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. E. M. Gladding
(Address) 2311 Elsmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Gordon Park Cemetery Date May 12 1938

19. UNDERTAKER Chas. G. Black
(Address) 742 W North ave

20. FILED 19 [illegible]
(Registrar)

vs d 1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1938

22. I HEREBY CERTIFY, That I took charge of the case of deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 12 Noon,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

16667 HEALTH DEPARTMENT—CITY OF BALTIMORE 16667

CERTIFICATE OF DEATH 33097 DH 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Klemm

(a) Residence: No. 508 Rappolla St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christopher C.

7. DATE OF BIRTH (month, day, year) 6-19-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8 10	18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nema Strobeck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 5/11 1938

19. UNDERTAKER Durward & Loving

(Address) 21 W. 21 St

20. FILED MAY 11 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 7, 1938.

I last saw her alive on May 7, 1938. Death is said to have occurred on the date stated above, at 6:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	5-4-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. De Lamble M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

46668

CERTIFICATE OF DEATH

XV 131 F 46668

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. Gynnes Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Sarah Beavan

(a) Residence: No. St. Charles' Rectory St., ... Ward. Ackenville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Frances W. Beavan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Langley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rev. Ambrose Beavan
(Address) 101 Church Lane, Pikesville

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet, Wash. D.C. Date May 12 38

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave Baltimore, Md.

20. FILED MAY 11 1938 Huntington Wilkens, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1938, to 5-9, 1938.

I last saw he alive on 5-9, 19.. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease & Degen. Myocarditis	?

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Laurence J. Shimanek M. D.

(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46669 108 F 46669

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 S. Charles St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Barry Keyser

If U. S. Veteran specify WAR

(a) Residence: No. 1330 S Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma L. Keyser

6. DATE OF BIRTH (month, day, year) June 12-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Keyser

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma L. Keyser

(Address) 1330 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 12 38

19. UNDERTAKER Geo. F. Beyer Sr

(Address) 1512 Fulton St

FILED MAY 11 1938 Huntingtown Williamsburg Apr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937 to May 10 1938

I last saw h... alive on 5/10 1938. Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteri-vascular changes in spinal cord	Nov. 1937
Other contributory causes of importance: Generalized Arteriosclerosis	
Congestive Pneumonia	5/5/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace Keller M. D.

(Address) 1330 S. Charles St

E 16670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Hofstetter

(a) Residence: No. 173 N. Duncan St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/8/38

7. AGE

Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Calvin Hofstetter

14. BIRTHPLACE (city or town) (State or country) Md.

FATHER

15. MAIDEN NAME Anna Hess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAY 11 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ..... 19..... Registrar.

No. 4000

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938 to ..... 19.....

I last saw h.. alive on May 8, 1938. Death is said to have occurred on the date stated above, at ..... a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. O. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

345-458

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16671

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-2 (or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Perry

(a) Residence: No. Jessup - Md St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/3/38

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Elsie Perry

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Bertha Mench

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAY 11 1938

19. UNDERTAKER
(Address)

Commissioner of Health
Per H. A. Moore

20. FILED ... 19 ... Registrar

MAY 11 1938

3999

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3 1938 to May 3 1938

I last saw h alive on May 3 1938 Death is said to have occurred on the date stated above at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 5½ mos	
Other contributory causes of importance: Labor on. Typed in mother - Cause of premature labor	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) N. H. Kleinfeltter M. D.

(Address) J. H. Hospital.

6672 44 345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46672

122-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... 10-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Thomas

(a) Residence: No. 703 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Sep.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-24-79

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Richard Harding

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jamie Lomax

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAY 11 1938

Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED 11 1938 [illegible]

11 1938 3,993

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1938 to May 4, 1938

I last saw her alive on May 4, 1938 Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	4-29
Renal failure	4-29

Other contributory causes of importance:
Surgical shock

Was an operation performed? Yes Date of 4-29-38

For what disease or injury? Volvulus sigmoid

Name of operation Resection sigmoid

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

6673 E 46673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15774 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 107-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Gross

(a) Residence: No. 126 Colvin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1874 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Carl Gross

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Elizabeth Gross

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 11 1938

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED ... Registrar

11 1938 3997

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 7, 1938.

I last saw her alive on May 7, 1938. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-2-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Saussure M. D.

(Address) Baltimore City Hospitals

16674 F 46674

HEALTH DEPARTMENT—CITY OF BALTIMORE

16674

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Wilkens Ave St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Hamilton

(a) Residence: No. 3107 Wilkens St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Calvin W Hamilton

6. DATE OF BIRTH (month, day, year) 3-11-1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas J Montgomery

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Calvin Hamilton

(Address) 3107 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL Waugh Chapel Date Feb 13 1938

19. UNDERTAKER Regan & Mark

(Address) 5305 Harford Rd

20. FILED Feb 13 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/38

22. I HEREBY CERTIFY, That I attended deceased from Apr 19th 1938 to May 10 1938

that I saw her alive on May 8th 1938. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chr. Nephritis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, how? .....

(Signed) Francis L. Dagli M. D.

(Address) 6077 Harford Rd.

FEB 11 1938

16675

HEALTH DEPARTMENT—CITY OF BALTIMORE

16675

CERTIFICATE OF DEATH

107-a

Registered No. 16675

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenmount Ave St. 1127-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Lane

(a) Residence: No. 3107 Edmondale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Lane

7. DATE OF BIRTH (month, day, year) 10-2-1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Md

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hester Raleigh

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Mrs Claire Wheeler

(Address) 3107 Edmondale

18. BURIAL, CREMATION, OR REMOVAL

Holleton Mt E. Date 5/12 1938

19. UNDERTAKER Leonard Hunt & Son

(Address) 2205 Hanford Rd.

20. FILED ... 19... Registrar.

MAY 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-38

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 10 1938

I last saw her alive on May 10, 1938. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia-bed	5/1/38
Other contributory causes of importance: Auricular fibrillation	5/7

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C P Postling M. D.

(Address) 2623 Washington Blvd

16676

HEALTH DEPARTMENT—CITY OF BALTIMORE

16676

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2227 W. Calvert St. 12-4 Ward)

Length of residence in city or town where death occurred, ..yrs. 76 mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Annie C. Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 2227 W. Calvert St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

7. DATE OF BIRTH (month, day, year) Oct. 9, 1861

8. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	76	7	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William J. Murray

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) ---------
(State or country) Ireland

17. INFORMANT Mrs. Florence M. Maccubbin

(Address) 2227 W. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 5/13, 1938

19. UNDERTAKER Henry U. Meade & Son

(Address) 805 W. Baltimore St.

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19.., to May 10, 1938

I last saw her alive on May 9, 1938. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary disease	1930

Other contributory causes of importance:

Arm Lg

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Ind. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to the occupation of deceased? No If so, specify .....

(Signed) W H Peard M. D.

(Address) 2105 Charles St

E 46677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Jetus

(a) Residence: No. 1106 Barnes Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) May 7

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1/24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME John Albert Conner.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ella May Jetus

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella May Jetus

(Address) 1106 Barnes Court.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 11 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) .....

19 38 at [illegible] Cemetery.

4001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938 to May 7, 1938

I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 8 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity (34 wks)	
Intra Cranial Hemmorage	over
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — NO

What test confirmed diagnosis? Clinical Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) J. Mason Albertson, M. D.

(Address) Univ. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46678

CERTIFICATE OF DEATH

84 F 46678

1. PLACE OF DEATH Maryland General Hosp. 22-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Helen T. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2810 Overland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr Wm H Johnson

7. DATE OF BIRTH (month, day, year): Aug 28 1865

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: William Knorr

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Theresa Bandle

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs R. K. Johnson (Son)

(Address) 2810 Overland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 5-13 1938

19. UNDERTAKER: Albert L Stitt Jr

(Address) 606 N Greene St Huntington West Va

20. FILED MAY 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938 to May 12, 1938

I last saw h[er] alive on May 12, 1938. Death is said to have occurred on the date stated above, at 7:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation and Dehydration	2 hrs ago
	2 wks
Other contributory causes of importance: Senile Dementia	2 yrs ago

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W K Mansfield M. D.

(Address) Md. Gen Hosp

46679 HEALTH DEPARTMENT—CITY OF BALTIMORE 46679

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 6-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard Rochlein

(a) Residence: No. 2836 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 18, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alex Rochlein

14. BIRTHPLACE (city or town) (State or country) Balto Md Russia

15. MAIDEN NAME Mollie Kleinman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father

(Address) 2836 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date May 11 1938

19. UNDERTAKER Jack Levy Inc

(Address) 1437 E Baltimore St

Huntington Williams, M.D. Registrar.

20. FILED MAY 11 1938

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 5-11-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1938 to 5-11-, 1938

I last saw h~~im~~ alive on 5-11-, 1938 Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4-2
Interstitial Bronchopneumonia	5-5

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Waghelstein, M. D.

(Address) Sydenham Hosp

16680

HEALTH DEPARTMENT—CITY OF BALTIMORE

16680

CERTIFICATE OF DEATH

Registered No. 164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., W-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Simcoe

(a) Residence: No. 762 Bartlett Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alethia R. Simcoe

6. DATE OF BIRTH (month, day, year): June 27, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

FATHER

13. NAME: Frank Simcoe

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Emma McCullough

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mrs Alethia R. Simcoe

(Address) 762 Bartlett Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Pine Grove, Balto. Co. Date: May 13, 1938

19. UNDERTAKER: E. Leroy Stiffler & Inc.

(Address) 125 E. North Ave. Baltimore, Md.

20. FILED MAY 11 1938 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wounds (Homicide) Coronary Embolism	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury? May 10, 1938

Where did injury occur? Rear 762 Bartlett Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Garage in back of house

Manner of injury: Gas exhaust gas into car with a hose

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

(GORNALL) ✓ F 46681

6681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

15-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 W. North Ave St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stoney Gornall

(a) Residence: No. 2931 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M. Moore Gornall

6. DATE OF BIRTH (month, day, year) June 13 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Gornall

14. BIRTHPLACE (city or town) (State or country) New Castle England

MOTHER

15. MAIDEN NAME Mary Ann Walker

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Annie B. Johnson

(Address) Kansas City Missouri

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 12 1938

19. UNDERTAKER Margaret L. Glynn & Co

(Address) 2162 N. Milton Ave

20. FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to May 10 1938

I last saw h alive on May 10 1938 Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	13 Mo.

Other contributory causes of importance:

Name of operation April 1938 Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A Stevens M. D.

(Address) 2878 Harford Rd

382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× F 46682

Registered No. 11-3119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augustus Muller Howard

(a) Residence: No. Nine Mile Hill (Usual place of abode) Ellicott City, Howard Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Emma (Jean) Miller

DATE OF BIRTH (month, day, year) February 11, 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	-	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter - Gen

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) August 1935

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

13. NAME Augustus Muller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Elizabeth Rhine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Emma Miller (Address) Nine Mile Hill, Ellicott City, Md

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Cem. Date May 14 '38

19. UNDERTAKER W. H. Amoran (Address) 1003 N. Baltimore St.

20. FILED 1938 19 Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-3-38, 19 to 5-11, 1938

I last saw h.... alive on 5-11-38, 19 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Angina	10/31
b Hemiplegia (HEMORRHAGE)	5/3/38
	over

Other contributory causes of importance: Pulmonary edema

Was an operation performed? Date of 5-9-38

For what disease or injury?

Name of operation Incision of brain in Howard County

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry W Wavra, M. D.

(Address) Md Gen Hosp

46683 E 46683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 94-B

Registered No. .....

1. PLACE OF DEATH South Balto. Gen. Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7th Ward) 3

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert W. Zimmermann

(a) Residence: No. Bar Harbor, Pasadena, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada A Zimmermann

7. DATE OF BIRTH (month, day, year) Sept 6 1875

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Charles T Zimmermann

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Elizabeth Wright

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs Ada A Zimmermann
(Address) Bar Harbor Md Pasadena R. D.

18. BURIAL, CREMATION, OR REMOVAL
Glenwood Cemetery Red Bank N.J. May 12 1938

19. UNDERTAKER William M Mareck
(Address) 715 Light St

20. FILED MAY 12 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1938 to 5-11-1938

I last saw h[illegible] alive on 5-11-1938 Death is said to have occurred on the date stated above, at 6 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-2-38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lewis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46684

6684

82-a

Registered No.

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 15 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Hoffman

(a) Residence: No. 1621 Edgerton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jake Hoffman

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME Morton

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Not Formed Date 5/12/38

19. UNDERTAKER Jacob Levin & Sons
(Address) 1539 E. Baltimore

FILED MAY 12 1938 Huntington Williamsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 12, 1938.

I last saw her alive on May 12, 1938. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/7/38

Other contributory causes of importance:

Hypertension — 1931-7

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Isadore H. Gundersheimer, M. D.

(Address) Sinai Hospital

Marion Tabach

6685

HEALTH DEPARTMENT—CITY OF BALTIMORE

16685

CERTIFICATE OF DEATH

√ 46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) 16-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth 35 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Marion Tabach

(a) Residence: No. 1017 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6b. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jaman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5/12/38

19. UNDERTAKER John F. Lang Son

(Address) 1439 E. Baltimore St

20. FILED MAY 12 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to May 12, 1938

I last saw h[illegible] alive on May 10 1938 Death is said to have occurred on the date stated above, at 2.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of emphysema	June, 1937

Other contributory causes of importance:

Secondary anemia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Schmidt M. D.

(Address) Sinai Hospital

46686 F 46686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. W2643

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2029 Pennsylvania Ave (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U. S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Ernest Chestine Melton

If U. S. Veteran specify WAR ...

(a) Residence: No. 2029 Pennsylvania St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thelma Melton

DATE OF BIRTH (month, day, year) April 19, 1895

AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	43		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (15)

10. Date deceased last worked at this occupation (month and year) May 5, 1938

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Winton N.C.

13. NAME Ezekiel Melton

14. BIRTHPLACE (city or town) (State or country) Winton N.C.

15. MAIDEN NAME Leonia Lewis

16. BIRTHPLACE (city or town) (State or country) Winton N.C.

17. INFORMANT David Melton

(Address) 2029 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date May 13 38

19. UNDERTAKER Thomas E Kelly

(Address) 1303 Preston St

20. FILED ... 19 ... Deputy

MAY 12 1938 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to May 11 1938

I last saw him alive on May 11 1938. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis hypertension and nephritis	1936
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Microscopic & Lab Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 25

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilson H. Melton M. D.

(Address) 513 4 Huntington W Va

16687

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32833

F 16687

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 47-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Cross

(a) Residence: No. 748 Bradley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

DATE OF BIRTH (month, day, year) 1/5/1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	4	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Handy Coleman

13. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 16 1938

19. UNDERTAKER Adolphus Hall
(Address) 1708 Druid Hill Ave

Huntington Williams Mfg

20. FILED MAY 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1938 to 5-10 1938

I last saw her alive on 5-10 1938 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas with metastasis ~~Intestinal Obstruction~~	duration unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/30/38

For what disease or injury?

Name of operation Exploratory Laparotomy & Biopsy

What test confirmed diagnosis? Pathology Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ~~Duodenal Ulcer~~

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16688 F 16688 ✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Mount St St. 15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lode Pride

(a) Residence: No. 1506 N Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) June 10, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockhill S. C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Kate Pride
(Address) 1506 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. Date May 12 1938

19. UNDERTAKER Mrs. R. A. Elliott & Daughter
(Address) 1129 E. Baltimore St

20. FILED ... 19... Registrar

MAY 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6 1938 to May 9 1938

I last saw h[illegible] alive on May 9 1938. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 6
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Garland Ehringhaus M. D.

(Address) 1534 Eutaw Pl

46689 HEALTH DEPARTMENT—CITY OF BALTIMORE 46689

CERTIFICATE OF DEATH 54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N. Central Ave. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Perry

If U. S. Veteran specify WAR .....

(a) Residence: No. 1212 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clifford Perry

DATE OF BIRTH (month, day, year) May 6 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont W Va

13. NAME OF FATHER Sam's Ray

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME OF MOTHER Mary C. Roberts

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Clifford Perry (Address) 1212 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date May 12 1938

19. UNDERTAKER Robert W Williams (Address) 1515 McCulloh St

FILED MAY 12 1938 Baltimore, Md. E. J. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938 to May 9, 1938.

I last saw her alive on May 9 1938 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	?
Fibromyoma of uteri	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) A. C. Bennett M. D.

(Address) 1810 Eastern Ave

Hinton

HEALTH DEPARTMENT—CITY OF BALTIMORE

166690 CERTIFICATE OF DEATH F 166690

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N Spring St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Hinton

(a) Residence: No. 621 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hinton

6. DATE OF BIRTH (month, day, year) 1869

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Hattie Elliott

(Address) 1516 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 14 1938

19. UNDERTAKER Robert E McAdams

(Address) 1315 McElderry St

20. FILED MAY 12 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5 1938 to May 10 1938

I last saw him alive on May 10 1938 Death is said to have occurred on the date stated above at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Gradual April 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D.

(Address) 507 Augusta St

Sadie Harris

F 46691

F 46691 HEALTH DEPARTMENT—CITY OF BALTIMORE

16991 A

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Brune St. 17-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Harris

If U.S. Veteran specify WAR

(a) Residence: No. 711 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Harris

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert H Meade

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nancy Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas Harris Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet May 12th 38

Place

19. UNDERTAKER Chas D Wilson

(Address) 1000 Pennsylvania Ave

(Date) MAY 12 1938 (Signature) Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9 1938

22. I HEREBY CERTIFY That I attended deceased from 5/5 1938 to 5/9 1938

I last saw her alive on 5-4-38 1938 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/5/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B H Meade M. D.

(Address) 1000 Pennsylvania Ave

46692

HEALTH DEPARTMENT—CITY OF BALTIMORE

46692

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH 4306 Glenarm ave

CITY OF BALTIMORE: (No. 4306 Glenarm Ave St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Angelo Brocato

(a) Residence: No. 4306 Glenarm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fabiola (Giordano) Brocato

DATE OF BIRTH (month, day, year) July 5, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 0088

10. Date deceased last worked at this occupation (month and year) 8/1/37

11. Total time (years) spent in this occupation 50yrs

9. BIRTHPLACE (city or town) (State or country) Italy

12. NAME Frank Brocato

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Franco ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Josephine Brocato

(Address) 4306 Glenarm Ave

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date May 13 1938

19. UNDERTAKER Joseph Walter Noce

(Address) 524 N. Monroe St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to May 10, 1938.

I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sacrum over sacral region (Basal cell)	2/1/34
Other contributory causes of importance: Metastases to cervical spine & Paraplegia	7/1/37

Was an operation performed? yes Date of Nov 1934

For what disease or injury? Carcinoma of Sacrum over

Name of operation Sacrum - (Excision)

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Hersperger, M. D.

(Address) 244 Medical Arts Bldg.

MAY 12 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166933 F 166933

Registered No. 16 34 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

(24626)

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie Allen

(a) Residence: No. 1013 Harlem Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson

DATE OF BIRTH (month, day, year) April 30, 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Duncan Henderson

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Nora Simmons

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Magoboro N C. Date May 17, 1938

19. UNDERTAKER .....

(Address) .....

20. FILED MAY 12 1938 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to May 8, 1938

I last saw her alive on May 8, 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	May 1937.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

F 46694

66694 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

33138--CY 1140

Registered No. 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Nophlin

(a) Residence: No. 2518 Madison Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-5-1909

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	29	3	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Recreation Worker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.-City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME James Nophlin

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mattie Jones (D)

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 5-16 1938

19. UNDERTAKER Geo. F. Gibson
(Address) 1955 Pennsylvania Ave

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1938 to 5-11 1938

I last saw her alive on 5-10 1938 Death is said to have occurred on the date stated above, at 5:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Post-Abortive	Unknown
or Endometritis & Parametritis	Unknown
Septicemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L.K. Woodward Jr M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32135 SF

F 46695

46695

CERTIFICATE OF DEATH

Registered No. 15-134-8-938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Ford

(a) Residence: No. 1422 Vincent St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred

7. DATE OF BIRTH (month, day, year) 3/26/1895

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
43	43	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eliza Mason

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records

(Address)

18. Filed May 20/38

Place UNIVERSITY MEDICAL SCHOOL MAY 12 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. 1938 [illegible] Registrar.

X 2002

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/38

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to May 4, 1938

I last saw her alive on May 4, 1938 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-2-38
Other contributory causes of importance: Osteosclerotic heart disease	1937

Was an operation performed? Date of

For what disease or injury?

Name of operation Unusual

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamballe M. D.

(Address) Baltimore City Hospitals

6696 F 46696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Med Hosp St. 15-8 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susan Dorman Miller

(a) Residence: No. 2211 Roslyn Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James Wm Miller

6. DATE OF BIRTH (month, day, year): Mar. 16, 1884

7. AGE: Years 54 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6048
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lexington Va

FATHER
13. NAME: Col. Louis C. Davidson
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Mary Logan
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Miss Fanny T. Davidson 3107 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Pulaski, Va. May 13 38

19. UNDERTAKER (Address): (Mrs) J. Decker Downs Brook & Pa aves.

20. FILED 1938 Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or (none)) Disease and from the evidence obtained by me (Inquest, Autopsy or Inquiry) but that said deceased came to death on the day stated above at 10:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 5-2 1938
Where did injury occur? 2211 Roslyn Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury Fell up stairs
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Brady M. D.
(Address) 1516 Mt Royal Ave

M. D. P. 1268-9

F 46697

46697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1972 Belair Road St., 8 - 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Baird.

(a) Residence: No. 1972 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna A. Baird.

7. DATE OF BIRTH (month, day, year) Feb. 9, 1887.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Baird.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Virginia Frankfield

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Anna A. Baird

(Address) 1972 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date May 13. 38

19. UNDERTAKER August Rast Inc.

(Address) 2331 Garland Ave.

May 12 1938 Huntingtown, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1938.

22. I HEREBY CERTIFY, That I attended deceased from November 10 1937 to May 10 1938

I last saw him alive on May 9 1938 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 2 years Ago

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, state

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

Herman

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16698

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Maldies St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George E Harman

(a) Residence: No. 1012 Maldies St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced, HUSBAND of (or WIFE of) Estella J. Harman

7. DATE OF BIRTH (month, day, year) March 2, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Rose Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Estella J. Harman

(Address) 1012 Maldies St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date May 14 1938

19. UNDERTAKER Ambrose, Inc.

(Address) 1017 W. Lanvale St.

Huntington Williams, M.D.

Registrar

20. FILED MAY 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 10, 1938

I last saw him alive on May 10th, 1938. Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of - - -

For what disease or injury? .....

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Harry Loeibel M. D.

(Address) 1224-1226 Hanover Street,

46699 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 133 F 46699

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours H. St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Drexel

(a) Residence: No. 347 S. Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Richard A. Drexel

6. DATE OF BIRTH (month, day, year) Oct. 24, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose McMann

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Bryan (Address) 472 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 14, 1938

19. UNDERTAKER Morton Sylvester (Address) 1827 W. North Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-38

22. I HEREBY CERTIFY, That I attended deceased from 4/30/38 to 5/11/38

I last saw her alive on 5/11/38 Death is said to have occurred on the date stated above, at 1 50 A m.

The principal cause of death and related causes of importance were as follows:

Cystitis — Date of onset .....
Pyelonephritis — .....
Uremia — .....

Other contributory causes of importance: .....

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O M Dyson M. D.

(Address) Bon Secours H.

M. D. P. 1268-9

46700 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46700

CERTIFICATE OF DEATH

47B Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Jenkins Memorial Hospital 27-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Doran
(a) Residence: No. 4012 Frieman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.N. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Dr. A. James Doran
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary A. Callow
16. BIRTHPLACE (city or town) (State or country) Ireland.
17. INFORMANT St. Agnes Hospital
(Address) Caton & Wilkins Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 13, 1938
19. UNDERTAKER Martin Funeral Homes
(Address) 1837 E. North Ave.
20. FILED 5-13-1938 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1937 to May 11th 1938
I last saw her alive on May 11 1938 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tumor - Carcinoma.	?
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Lawrence J. Shimanek M. D.
(Address) St. Agnes Hospital

6701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46701

CERTIFICATE OF DEATH

93-C

Registered No. 27-19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5724 Clover Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME THOMAS A. BENNETT

(a) Residence: No. 5724 Clover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Maria Ryan Bennett

DATE OF BIRTH (month, day, year) Feb. 10, 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

13. NAME Patrick Bennett

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Margaret McVey

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Joseph A. Schiavone
(Address) 5724 Clover Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date May 14 1938

19. UNDERTAKER Chas. L. Evans & Son Inc
(Address) 1711 N. Mt. Royal Ave

20. FILED 19 Registrar
5-10-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938 to May 11 1938

I last saw h alive on May 10 1938. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	
Other contributory causes of importance:	
Senility	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles L. Mills M. D.

(Address) 5216 Park Heights Ave

F 46702

6702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5314 Wayne Ave St., 28-2 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Cecelia DeMille

(a) Residence: No. 5314 Wayne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard George DeMille

7. DATE OF BIRTH (month, day, year) Nov 2 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

13. NAME James J. Dwyer

14. BIRTHPLACE (city or town) Yonkers
(State or country) New York

15. MAIDEN NAME Julia E. Flynn

16. BIRTHPLACE (city or town) New York
(State or country) New York

17. INFORMANT Howard G. DeMille
(Address) 5314 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 14 '38

19. UNDERTAKER Harry H. Hancock
(Address) 4204 Ridgewood Ave

20. FILED , 19 Registrar.

MAY 12 1938 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 8, 19 38, to May 11, 19 38

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at : m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis (May 11 1938)	
Chronic myocarditis (5 yrs)	
Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hallett Tublett M. D.

(Address) 2220 Garrison Blvd

M. D. B. 1268-9

Claire Marie Pajon Guilmineau

46703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46703

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Bolton St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME Claire Marie Pajon Guilmineau

(a) Residence: No. 1734 Bolton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emile Guilmineau

6. DATE OF BIRTH (month, day, year): Dec 1st 1868

7. AGE: Years 69 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Orléans, France

FATHER

13. NAME: Pierre Pajon

14. BIRTHPLACE (city or town) (State or country): Orleans France

MOTHER

15. MAIDEN NAME: Claire Faytras Pajon

16. BIRTHPLACE (city or town) (State or country): Orléans, France

17. INFORMANT: Claire M. Gray

(Address) 1734 Bolton St

18. [illegible] Orléans, France

[illegible] Dec 14 1938

[illegible] Jan 25 1938

19. UNDERTAKER: Frank Grach & Son

(Address) 1906 Eutaw

20. [illegible] 1938 Huntington Williams Registrar

5 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1938 to 5/11 1938

I last saw her alive on 5/11/38 1938 Death is said to have occurred on the date stated above, at 9.52 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/6/38
Chronic Myocardial Disease	
Other contributory causes of importance: Generalized arteriosclerosis	
Hypertension	1933

Name of operation: Date of:

What test confirmed diagnosis: Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert B. Mitchell Jr M. D.

(Address) 607 N. Charles St

5704 16704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5227 Cuthbert Ave 7-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward B. Ward

(a) Residence: No. 5227 Cuthbert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Ward.

6. DATE OF BIRTH (month, day, year) Dec 29, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. News Post

10. Date deceased last worked at this occupation (month and year) 4/38

11. Total time (years) spent in this occupation 4 yrs

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Ward

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Ann Sheehan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary F. Ward

(Address) 5227 Cuthbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 5/13/38

19. UNDERTAKER John J. Gorman & Son.

(Address) 401 Eutaw St.

20. FILED 5/13 19 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to May 10 1938

I last saw him alive on May 10 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	2 days
Chronic Nephritis (Interstitial)	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles J. Drury M. D.

(Address) 527 Park Ave.

1938

5705
4336

F 46705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. Street, Harford Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 5-27-14

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. helper in hatchery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lawson Moore

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Nelly Doran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Hartford Co Md Date May 14 38

19. UNDERTAKER E Grant Dorr Forest Hill Md

(Address) Huntington Williamsport Md

20. FILED 31938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1938 to 5-12 1938

I last saw him alive on 5-12 1938 Death is said to have occurred on the date stated above, at 12 16 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis ? Date of onset Jan. 1938

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Lichtenstein, jr. M. D.

(Address) Johns Hopkins Hosp.

5706 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 46706

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH H A Kelly Hosp.

CITY OF BALTIMORE: (No. 1418 Eutaw Place, 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Elizabeth Haddaud

(a) Residence: No. Rickford Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Holland

6. DATE OF BIRTH (month, day, year) Dec 17-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME Alfred McNally

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Phelan Elizabeth E. McNally

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Maurice Halland.

(Address) 19 W. 39th St

BURIAL, CREMATION, OR REMOVAL

Place Allentown Pa Date May 14 1938

UNDERTAKER Harry N. Ambrose

(Address) 4204 Ridgewood Ave

Registered May 14 1938 Filed May 16 1938 Wilbur C. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935 to May 12, 1938

I last saw him alive on May 12, 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia 3 weeks. due to Carcinoma of the cervix 3 yrs 8 mos.	

Other contributory causes of importance:

Was an operation performed? No Date of None.

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Both Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodacia Veale Jr. M. D.

(Address) 1418 Eutaw Place

6707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 46707

CERTIFICATE OF DEATH

✓137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 912 N. Caroline St. 10-2 Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Howell E. Brown
If U. S. Veteran specify WAR No Record

(a) Residence: No. 912 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Mary E. Brown

7. DATE OF BIRTH (month, day, year) Oct 2 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Apr 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME John A. Brown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Rose White
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Grace B. Bradbury
(Address) 912 N. Caroline St.
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date May 14 1938
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED Huntington Williams, Registrar.
MAY 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938 to May 11 1938
I last saw him alive on May 11 1938. Death is said to have occurred on the date stated above, at 8.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Prostatism with Retention and Terminal Uremia	Jan. 1938
Other contributory causes of importance: Arteriosclerosis, General	Years ago

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Cystoscopy in Hosp. Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how.

(Signed) Robert W. Garis M. D.
(Address) 700 Cathedral St. Baltimore, Md

6708 E 46708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No. 754

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Hamilton Ave Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Washington Luther Wilson

(a) Residence: No. 3025 Hamilton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~former~~ WIFE ~~of~~ Mary Elizabeth Wilson

7. DATE OF BIRTH (month, day, year) Nov 29th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph Operator

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel D. Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sallie R. Parsley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert D. Wilson

(Address) 212 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 16th 1938

19. UNDERTAKER W. H. Cook

(Address) 1217 St Paul St

20. FILED 19 Burial Permit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to Feb 28 1938

I last saw him alive on Feb 28 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1
Hypertension	
Chronic Nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	
Cerebral Hemorrhage	8 days ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1527 N. Patterson Park Ave

F 46709

Strau

46709 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Highland Ave Ward 26-10)

Length of residence in city or town where death occurred 57 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Oscar Strau

(a) Residence: No. 604 N. Highland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Strau

6. DATE OF BIRTH (month, day, year): July 2 1880

7. AGE: Years 57 | Months 10 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tennis Place

10. Date deceased last worked at this occupation (month and year): 5/9/38

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Frank P. Strau

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Carrie B. Bliss

16. BIRTHPLACE (city or town) (State or country): Un Known

17. INFORMANT (Address): Andrew Strau 4019 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: May 13 1938

19. UNDERTAKER (Address): William Cook 1217 St. Paul St

20. FILED: 1938 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

16710

HEALTH DEPARTMENT—CITY OF BALTIMORE

16710

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Musson

(a) Residence: No. 1311 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche Rigby Musson

7. DATE OF BIRTH (month, day, year) Dec 7th 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gospel

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Poynton Musson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Marsh

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Blanche R. Musson

(Address) 1311 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Royal Rockville Md Date May 16 38

19. UNDERTAKER Wm Cook

(Address) 121 St. Paul St

20. FILED ... 19 ... Registrar

131938

Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Adm. ... 19 ... to 5-12 1938

I last saw h[illegible] alive on 5-12 1938 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Hypertensive Heart disease	

Other contributory causes of importance:

Was an operation performed? yes Date of ...

For what disease or injury? Bronchial Pneumonia

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot Mitchelson M. D.

(Address) Sinai Hospital

F 46711

6711 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 E. Melrose Ave. (St.) 27-12 (Ward)

2-FULL NAME Caroline Niskemann

(a) RESIDENCE No. 214 E. Melrose Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs — mos 20 ds. How long in U. S., if of foreign birth? 70 yrs — mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If ~~married~~, widowed, ~~or divorced~~

HUSBAND of (or) WIFE of Phillip Niskemann

DATE OF BIRTH (month, day, and year) April 21, 1842

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	96	—	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer — Self

BIRTHPLACE (City or town) (State or country) Germany

10 NAME OF FATHER Wilhelm Lotz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Philippine Goette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Augusta Lotz

(Address) 214 Melrose Ave

Filed 5/13/1938 . 19 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1938

17 I HEREBY CERTIFY, That I attended deceased from 3-24 . 1938 . to May 12 . 1938 .

that I last saw her alive on May 12 . 1938 .

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

To my knowledge (duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Cole, M. D.

5-12. 1938 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 5/14/1938

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St

F 16712 HEALTH DEPARTMENT—CITY OF BALTIMORE 16712

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Colgate Creek Md St. 5 Hickory Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
If U.S. Veteran specify WAR. No Record

2. FULL NAME James Daniel Riley

(a) Residence: No. Colgate Creek Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary M Riley

DATE OF BIRTH (month, day, year) April 12 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnegie Steel Co
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 30

9. BIRTHPLACE (city or town) (State or country) Allegheny Co Pa
13. NAME OF FATHER James Riley
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME OF MOTHER Unknown
16. BIRTHPLACE (city or town) (State or country) Penna
17. INFORMANT Mrs Sarah Woods
(Address) Colgate Creek Md
18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 5/14/38
19. UNDERTAKER William Cook
(Address) 1217 E Paul St
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to May 11 1938
I last saw alive on May 11 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hemiplegia, left - due to embolism & thrombosis, Cerebral	5/8/38
Other contributory causes of importance: Diabetes Mellitus	1930

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) W. H. Davis M. D.
(Address) 3 Kinship Road Dundalk

MAY 13 1938

F 46713

6713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-3 ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bennett Lee Armacost

If U. S. Veteran specify WAR

(a) Residence: No. Green Spring Ave. St., ... Ward. Pikesville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

12. NAME Amos W. Armacost Jr.

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Mary Suiggs

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Hospital Record

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Date May 16 38

David Rutter

18. UNDERTAKER Frank H. Mitchell

(Address) Pikesville Md.

19. FILED ... 19 ... Registrar

MAY 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to May 13, 1938

I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 13 38
Sepsis	
Other contributory causes of importance	
	none

Was an operation performed? No Date of 4-28-38

For what disease or injury? Bronchopneumonia

Name of operation Salpingectomy; Removal of Appendix

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry W. Wiese M. D.

(Address) Md. Gen. Hosp.

F 46714

46714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Female Home Aged Home St. 27 Ward 27)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify) War

2. FULL NAME Sam. Smith

(a) Residence: No. Aged Home St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvia Smith

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Smith (Address) 102 N. Chester st

18. BURIAL, CREMATION, OR REMOVAL Date 5-13-38

Ft. Rondel.

19. UNDERTAKER Jack Lewis Lee (Address) 1439 E. Baltimore st

DATE 5-13-1938, 19... Registrar.

Huntington Maxwell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1938 to 5-12-1938

I last saw him alive on 5-2-1938. Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Diabetic coma	
Hypertension	
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Riverdale

46715 HEALTH DEPARTMENT—CITY OF BALTIMORE 46715

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-8 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Cohen

(a) Residence: No. 3407 Baltimore Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael

DATE OF BIRTH (month, day, year)

AGE	Months	Days	If LESS than 1 day, hrs. or min.
69 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wall Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benjamin Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hendon Mill Rd 5/19-38

19. UNDERTAKER Jack Louis Lee

(Address)

20. FILED ..... 19..... Registrar

5 13 1938 Hunting Ky. Kentucky, Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to May 12 1938

I last saw him alive on May 11 1938 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	1939-5
Arteriosclerosis	?
emphysema	?
	60 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No How long?

(Signed) Isadore Greenbaum, M. D.

(Address) Sinai Hospital

E 46716

HEALTH DEPARTMENT—CITY OF BALTIMORE

6716

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Ashland Ave 7-5 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Valentine

(a) Residence: No. 2005 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) Feb 3 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anton Valentine

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fuchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Valentine

(Address) 2005 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 13 1938

19. UNDERTAKER John Ulrich & Sons

(Address) 1200 E. Baltimore St.

FILED MAY 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938 to May 10 1938

I last saw h[illegible] alive on May 9 1938 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	May 7
Other contributory causes of importance: Arterio Sclerosis	1934
Chronic Nephritis (Int)	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon M. D.

(Address) 718 N Pulaski St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16717

CERTIFICATE OF DEATH

717 ✓ 82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N Castle St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Nettie Moore

(a) Residence: No. ✓ 1034 N Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Moore

7. DATE OF BIRTH (month, day, year) May 31-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Gartner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sue Dassler

(Address) 1034 N Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 14 1938

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw St.

20. FILED 19 Registrar

MAY 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

I HEREBY CERTIFY, That I attended deceased from May 4, 1938 to May 11, 1938

I last saw her alive on May 11, 1938 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	5.11.38
Arterio-Sclerosis	
Other contributory causes of importance: Hemiplegia	5 11 38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. H. A. Meyer M. D.

(Address) 1036 N. Broadway

E 46718

46718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19671 JS

Registered No. 8326

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-3 Ward)

Length of residence in city or town where death occurred 74 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lease

(a) Residence: No. 3015 Brendan Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Lease

DATE OF BIRTH (month, day, year) 1-2-1864

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bair Lawn Date May 14 1938

19. UNDERTAKER John Ulrich
(Address) 2208 Eastern Ave.

20. FILED ... 19... Registrar.

MAY 13 1938 Hunting Park, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 11, 1938.

I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-10-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. De Lazzelle M. D.

(Address) Baltimore City Hospitals

F 46719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46719

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S East ave St.) 6-10 (Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Columbus Oliver

(a) Residence: No. 339 S East ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Oliver

DATE OF BIRTH (month, day, year) 2/27/1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Frances Oliver

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Scott Lenox

16. BIRTHPLACE (city or town) (State or country) France

INFORMANT Miss Carrie Oliver
(Address) 339 S East ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 14 1938

UNDERTAKER John W Gruff
(Address) 1202 E Baltimore St

FILED ..... Registrar.

31538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 11 1938

I last saw h[illegible] alive on May 11 1938 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2-1-38
Other contributory causes of importance: none	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. E. Long M. D.

(Address) 111 E Fayette St

6720) HEALTH DEPARTMENT—CITY OF BALTIMORE 6720

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Sellins Sanatarium

CITY OF BALTIMORE: (No. 600 Chapel Gate La St. 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice C Hadds

(a) Residence: No. 600 Chapel Gate La St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hadds

DATE OF BIRTH (month, day, year) Jan 16 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kent Co. Md

12. NAME James Bailey

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary E Harmer

16. BIRTHPLACE (city or town) (State or country) Kent Co

INFORMANT (Address) Chas. Hadds 3573 Southern ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Parke Date May 13 1938

UNDERTAKER (Address) Henry Lutz 1203 N. Broadway

FILED MAY 13 1938 19 Huntington Wallace, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1938, to May 10th, 1938

I last saw h alive on May 10th, 1938. Death is said to have occurred on the date stated above, at 10:45 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/7/38
Other contributory causes of importance: Chronic Nephritis: arteriosclerosis	1933

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Loudon M. D.

(Address) 3909 Hamson Blvd

46721

F 46721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Mosher St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arthur Bayken

If U. S. Veteran specify WAR

(a) Residence: No. 1503 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Aug 20, 1890

7. AGE: Years 47 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Clinton N. C.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mamie Parrott

(Address) 1311 Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cem. May 14 1938

19. UNDERTAKER: Adelbert Halstead

(Address) 6, 8 Dan'l Hill Sq.

20. FILED MAY 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Myocarditis	
Other contributory causes of importance: Indigestion	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Warren Brown M. D. Coroner

(Address) 216 Fremont Ave

S 6

16722 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46722

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 717 Woodington Rd. St., 16-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Henry Richards

(a) Residence: No. 717 Woodington Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Emma Wolf Richards

DATE OF BIRTH (month, day, year) Feb. 9, 1862.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Charles H. Richards

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Nat Read (Daughter)

(Address): 717 Woodington Rd.

BURIAL, CREMATION, OR REMOVAL

Place: Oaklawn Date: May 14/38

UNDERTAKER: Harry S. Waltze

(Address): 4101 Edmondson Ave.

FILED 19

5/13/1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to May 11 1938

I last saw him alive on May 11 1938 Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Feb 1936
Arteriosclerosis	1920?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. E. Wells. M. D.

(Address) 4100 Edmondson Ave.

6723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16723

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Edmondson Ave. St. 16-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran give WAR

2. FULL NAME Mary E. Kabernagel

(a) Residence: No. 2914 Edmondson Ave. St., Ward.
(Usual place of abode) If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Late George W. Kabernagel

DATE OF BIRTH (month, day, year) June 20, 1850.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Bender

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Glimf

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma K. Hause (Daughter)

(Address) 2914 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL

Place Western Date May 13/38

UNDERTAKER Henry H. Kurtze

(Address) 4101 Edmondson Ave.

FILED ..... 19 ..... Registrar.

13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936 to May 10th, 1938

I last saw h[illegible] alive on May 10, 1938 Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Several Years
Chronic myocardial disease with cardiac insufficiency	
Hypertension.	
Other contributory causes of importance: Cerebral Hemorrhage	May 10 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

16724

F 16724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Bloom St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wellenton

(a) Residence: No. 520 Bloom St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Wellenton

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tutoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Wellenton

(Address) 520 Bloom St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date May 14 1938

19. UNDERTAKER Thomas E. Nelson & Son

(Address) 1503 Pennsylvania Ave

20. FILED May 13 1938 Thomas J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30 1938 to May 11 1938

I last saw him alive on May 10 1938 Death is said to have occurred on the date stated above, at 11:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	?

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey M. D.

(Address) 1708 Penna Ave

Davis

HEALTH DEPARTMENT—CITY OF BALTIMORE

46725 46725

CERTIFICATE OF DEATH

34-92a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. (Ward) 16-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Davis

(a) Residence: No. 1109 Mound St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie Davis

DATE OF BIRTH (month, day, year) 1-15-1904

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	34	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Pete Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ruby Henderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Partner

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 14 38

19. UNDERTAKER Thomas E. Pelsar

(Address) 1505 Pressman St

20. FILED May 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-1938

22. I HEREBY CERTIFY, That I attended deceased from April 13 1938 to May 11 1938

I last saw him alive on May 11 1938 Death is said to have occurred on the date stated above, at 8:55 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Duration 1 mo

Other contributory causes of importance:

Myocarditis

Bronchitis — Duration 1 wk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Shenyton M. D.

(Address) 201 N. Carey St.

13 1938

M. D. B. 1268-9

E 46726

E 46726 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Shricker St., 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Ella Carter

(a) Residence: No. 924 Shricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Carter

6. DATE OF BIRTH (month, day, year) May 4, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Patterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Carter

(Address) 924 Shricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 14 19 38

19. UNDERTAKER George H. Nelson

(Address) 303 Pennsylvania Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27 1938 to May 11 1938

I last saw h alive on May 10 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubular Heart Disease	Jan 38

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. William Fay M. D.

(Address) 1928 Pennsylvania

HEALTH DEPARTMENT—CITY OF BALTIMORE

46727

CERTIFICATE OF DEATH

131 F 46727

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Lemmon St 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Marley

(a) Residence: No. 907 Lemmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 4. 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Balto., Md

12. NAME: John Henry Marley

13. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary A. Hartlein

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Miss Margaret A. Marley

(Address): 907 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. May 14 1938

19. UNDERTAKER: Margaret G. Flynn

(Address): 14 W. Lexington St.

20. MAY 13 1938 Huntington Wilkerson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4 1938 to May 11, 1938

I last saw her alive on May 11, 1938 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis.

Date of onset

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Norton M. D.

(Address) 888 N. Loudon St

16728

HEALTH DEPARTMENT—CITY OF BALTIMORE

16728

CERTIFICATE OF DEATH

32426--CM

46-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie J Oxford
Mamie Oxford

(a) Residence: No. 519 Brune St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married (Sep)

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gus Oxford

7. DATE OF BIRTH (month, day, year) 12-5-1893 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William H. Parker

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 13 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 320 E Schroeder St.

FILED MAY 13 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11 1938

22. I HEREBY CERTIFY, That I attended deceased (from) 4-12 1938 (to) 5-11 1938

I last saw her alive on 5-10 1938 Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	
Other contributory causes of importance	

Was an operation performed? Yes Date of 4/22 & 5/10/38

For what disease or injury?

Name of operation Oesophagoscopy

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16729

CERTIFICATE OF DEATH

16729

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2033 Guilford Ave St., (42 Ward)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (specify WAR)

2. FULL NAME Harry Clay Zoll

(a) Residence: No. 2033 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Martha A. Zoll

6. DATE OF BIRTH (month, day, year): March 10 1874

7. AGE: Years 63; Months 11; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Insurance Agent

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Andrew Jackson Zoll

14. BIRTHPLACE (city or town) (State or country): Hagerstown Md

MOTHER

15. MAIDEN NAME: Emma Towers

16. BIRTHPLACE (city or town) (State or country): Gettysburg Pa

17. INFORMANT: Mrs Martha A. Zoll

(Address) 2033 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: May 14 1938

19. UNDERTAKER: H. Ingram Rowe

(Address) Baltimore Md

MAY 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	5 yrs
Cardiac Asthma	2 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation: None Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Haas M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46730

CERTIFICATE OF DEATH

F 46730

183

Registered No. 21-3

1. PLACE OF DEATH: Found floating off

CITY OF BALTIMORE: (No. Brewerton Channel. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Peter Kling Jr.

(a) Residence: No. 3303 Cliftmont Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Eva Kling.

6. DATE OF BIRTH (month, day, year): October 1. 1885

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Peter Kling Sr.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Anna Swartz.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Eva Kling.(wife) 3303 Cliftmont Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: May 13 1938

19. UNDERTAKER (Address): Leonard J. Ruck 5305 05 Harford Rd.

20. Filed MAY 13 1938 Huntington Pittsville, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Missing April 22 1938 found May 10. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental. Ltr to Reinhardt M.D. Coroner	
May 23, 38	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident 5-13-38 Date of injury 19

Where did injury occur? Brewerton Channel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public

Manner of injury: Found floating in the water

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Reinhardt M. D. Coroner

5/13/38 (Address) 1017 S. Charles St.

S 6

F 46731

6731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 10021--CM 95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 7-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Norwood

(a) Residence: No. 1800 Ashland Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

DATE OF BIRTH (month, day, year) 12-2-1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	10	4

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob Norwood

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Henrietta Leadley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto., Md. Date May 14, 1938

UNDERTAKER Walter Brooks Bradley
(Address) 1922 W. North Ave.

FILED 5-14-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 13, 1938. I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 4 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

H. D. P. 1268-9

16732

F 16732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 Oak St. 17-7 Ward)

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Mack

(a) Residence: No. 2444 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Mch. 1, 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Spencer Mack

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME Mattie Hucker

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT Mattie Mack

(Address) 2444 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date May 13th 1938

19. UNDERTAKER Floyd C Wilson

(Address) 1000 Pennsylvania Ave

Huntington Funeral Home

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937 to May 10, 1938

I last saw her alive on May 10, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease — Duration: Unknown

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) G. Garland Abercrombie M. D.

(Address) 1534 Druid Hill Ave

7733

HEALTH DEPARTMENT—CITY OF BALTIMORE 16733

CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 W. Balto St. 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Eva M. McCrea

(a) Residence: No. 1048 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wm J McCrea Sr

DATE OF BIRTH (month, day, year) Mar 6 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	6	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Conrad Schaumburg

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Boyle.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Wm J McCrea Sr

(Address) 1048 W Baltimore St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/4/38 19

UNDERTAKER Thos. F. Kernan & Co

(Address) 600 Eutaw St

FILED 6 19 Registrar.

13 1938 Thomas J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 11, 1938

I last saw her alive on May 11, 1938. Death is said to have occurred on the date stated above, at 7 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 Mo

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Rhodes Lowe, M. D.

(Address) 888 N. Loudon St

46734 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 46734

CERTIFICATE OF DEATH ✓ 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens) Caton St. (Ward) 28-1
Length of residence in city or town where death occurred.....yrs. .....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baker James Wayne Norwood — If U. S. Veteran specify WAR .....
(a) Residence: No. St Vincent Infant Home St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/13/37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allegany Co. Md
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Marion Norwood
16. BIRTHPLACE (city or town) (State or country) Allegany Co. Md
17. INFORMANT (Address) St. Vincent's Home Reads Frantztown R.F.D. Balto. Md
18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem. Date 5/13 1938
19. UNDERTAKER (Address) John J. Doherty & Sons 1312 Light St.

Filed MAY 13 1938 Washington Williamson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 12, 1938
I last saw him alive on May 12, 1938 Death is said to have occurred on the date stated above, at 1.06 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, bilateral Empyema, Rt. side.	
Other contributory causes of importance: Acute Laryngeal Oedema	

Was an operation performed? Yes Date of 5-12-38
For what disease or injury? Empyema.
Name of operation Thoracotomy.
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes Hospital

F 16235

6735 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1075 Light St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia A. Windus

U S Veteran specify WAR

(a) Residence: No. 1075 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE: Clerner Windus

DATE OF BIRTH (month, day, year): Feb. 13-1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Conrad Schreyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Windus

(Address) 1075 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western. Date: May 14 38

19. UNDERTAKER: E. Richard Fleming

(Address) 1420 Light St.

MAY 13 1938

Limington Fallston Harford Co. Md.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1938 to May 12 1938

I last saw h[illegible] alive on May 12 1938 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Indy.	
Other contributory causes of importance: Exhaustion	5/10/38

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible] specify

(Signed) R. L. Campbell M. D.

5/13/38 (Address) 1644 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46736 CERTIFICATE OF DEATH ✓ 168 F 46736

Registered No. 572

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 500 E. Lehigh St., 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Audrey Eichinger
(a) Residence: No. 500 E. Lehigh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Minnie Eichinger

DATE OF BIRTH (month, day, year) April 28 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) 3 years past
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary
13. NAME (Wife) Eichinger
14. BIRTHPLACE (city or town) (State or country) Hungary
15. MAIDEN NAME Barbara Gonda
16. BIRTHPLACE (city or town) (State or country) Hungary
17. INFORMANT Michael Beier Brother
(Address) 522 S. Macon St. Fr. Grace
18. BURIAL, CREMATION, OR REMOVAL. Place U.S.A. National Date May 14 38
19. UNDERTAKER Lilly & Zeibert Inc.
(Address) 406 E. Baltimore
20. FILED May 13 1938 H. Ernest Wilkes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12. 38
22. I HEREBY CERTIFY, That I last saw the deceased alive on ... (Inquiry or Autopsy) ... that said deceased came ... (Inquiry or Autopsy) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration to left Carotid wounding of throat.	May 12
Other contributory causes of importance: Melancholia Acute	year

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury May 12. 1938
Where did injury occur? 500 E. Lehigh Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Suicide with razor
Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas. O. Wood M. D. Coroner
(Address) 1112 N. Broadway

6737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33014--C

F 16737

Registered No. 26-4 F 34 (C 9-23)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts, St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran (specify WAR)

2. FULL NAME Hannah Morris

(a) Residence: No. ? Cambridge St., (North Pt. Rd. & Penna. Railroad Track) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John

DATE OF BIRTH (month, day, year): 2-25-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Maryland

12. NAME: Foster (?)

13. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ? Kaiser (?)

14. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Records of Balto. City Hospts.

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 5/14/38

18. UNDERTAKER: John F. Connelly

(Address): Essex Md.

19. FILED: 5/14/1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 12, 1938

I last saw her alive on May 12, 1938. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Saulles M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46738 CERTIFICATE OF DEATH 26503--CM E 46738

3-2 V 137 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Ward)

Length of residence in city or town where death occurred 14yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Mattie

(a) Residence: No. 812 Duker Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary

DATE OF BIRTH (month, day, year): 3-22-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	77	11	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Leo Mattield

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Theodorea Hannapil

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem. May 13 1938

19. UNDERTAKER: Emory Lafayette Lyon
(Address) 1318 Eutaw St.

MAY 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1937 to 5-12 1938

I last saw him alive on 5-11 1938 Death is said to have occurred on the date stated above, at 2A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy Prostate with urinary Bilateral Pneumonia	5/10
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5/3/38

For what disease or injury? Hypertrophy Prostate

Name of operation Transurethral Resection

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward H. M. D.

(Address) Balto. City Hosp

6739) HEALTH DEPARTMENT—CITY OF BALTIMORE F 16739)

CERTIFICATE OF DEATH 9-8 53-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hosp (St.) (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Bertha Callahan

(a) Residence: No. 1910 Bloom (Boore) St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Callahan

DATE OF BIRTH (month, day, year) July 12 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co Maryland

13. NAME George E. Stelly

14. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

15. MAIDEN NAME Margaret A Lowe

16. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

INFORMANT Miss Stifler

(Address)

BURIAL, CREMATION, OR REMOVAL Harford Co Date 5-16-38

Place Baker's Cem. Rd

UNDERTAKER Sea W Little

(Address) 2700 Edmondson Ave

19 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12' 38

22. I HEREBY CERTIFY, That I attended deceased from April 28 1938 to May 12 1938

That I last saw her alive on May 12 1938 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Cer)	?

Other contributory causes of importance:

Was an operation performed? Yes Date of May 10' 38

For what disease or injury?

Name of operation Bone Flap & Skull

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. K. Mansfield M. D.

(Address) Md Gen Hosp

3 1938 Huntington Williams
A 11

F. D. B. 1268-9

F 46740

HEALTH DEPARTMENT—CITY OF BALTIMORE

6740

CERTIFICATE OF DEATH

Registered No. 924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Goodwood Gardens St., Roland Park (Ward) 27 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Lean Triplett Nelson "Roland Park"

(a) Residence: No. 211 Goodwood Gardens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Arthur Nelson

DATE OF BIRTH (month, day, year) Jan. 3, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Housewife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Fauquier Co, Va.

13. NAME Arthur W. Triplett

14. BIRTHPLACE (city or town) (State or country) Prince George Co, Va.

15. MAIDEN NAME Ella V. Gaskins

16. BIRTHPLACE (city or town) (State or country) Fauquier Co, Va.

17. INFORMANT J. Arthur Nelson

(Address) 211 Goodwood Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 14, 1938

19. UNDERTAKER Henry W. Tapley Sons Co

(Address) N. Calvert & Orchard Sts.

MAY 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1931 to May 13, 1938

I last saw her alive on May 12, 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage (Apoplexy) (Left hemiplegia)	Mar. 13, 1938
Other contributory causes of importance: Endocarditis. (Mitral insufficiency)	1920

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Ronald D. Peterson M. D.

(Address) 18 W. Franklin Street

E 46741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Thompson If U. S. Veteran specify WAR

(a) Residence: No. California - St. Mary's Co. Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5/5/38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Thompson Rosalie

16. BIRTHPLACE (city or town) (State or country) Md. —

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAY 13 1938
Place

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

FILED MAY 13 1938 19... Registrar

4083

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938 to May 8 1938

I last saw her alive on May 8 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. C. Griffis Jr. M. D.

(Address) Johns Hopkins Hospital

16742 HEALTH DEPARTMENT—CITY OF BALTIMORE 16742

CERTIFICATE OF DEATH

Registered No. 10-2 V 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St., B2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Jones
(a) Residence: No. 941 N. Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) April 27, 1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				9½

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Harvey Jones
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Lucille Shaw
16. BIRTHPLACE (city or town) (State or country) North Carolina
INFORMANT
(Address)
BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAY 13 1938
Commissioner of Health
UNDERTAKER Per H. A. Moore
(Address)
FILED ... 19... Registrar.

MAY 13 1938

4004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to April 28, 1938
I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joel Lyon M. D.
(Address) The Johns Hopkins Hospital

E 16743

6743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2924-Edmondson Ave. St., 16-6 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

2. FULL NAME Katharine Schwarz

(a) Residence: No. 2924-Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Schwarz

DATE OF BIRTH (month, day, year) 1/21/1879

AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	59	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME William Kenns

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia (Schneck)

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Mr. Henry M. Schwarz

(Address) 2924-Edmondson Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Western Date 5/14/38

UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to May 11, 1938. I last saw her alive on May 10, 1938. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	2 day
Other contributory causes of importance Carcinoma of Uterus	3 yrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. L. Luckenbaugh M. D.

(Address) 1111 Madison Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16744 — F 16744 — 92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913-E. Lanvale Street, 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no

2. FULL NAME Adolph George Napfel

(a) Residence: No. 1913-E. Lanvale Street, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — — — —

DATE OF BIRTH (month, day, year) 4/20/1891

AGE	Years	Months	Days	If LESS than 1 day or min.
	47	—	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stat. engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinai Hospital

10. Date deceased last worked at this occupation (month and year) 00

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward H. Napfel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Christina R(Koestner)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Frances K. Donadio

(Address) 1913-E. Lanvale Street

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/16/38

18. UNDERTAKER George J. Ruth, Inc.

(Address) 1705-Harford Ave.

FILED 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1937 to 5-13 1938

I last saw him alive on 5/13 1938 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocardial Degeneration	5/1/38
Other contributory causes of importance:	
Mitral Regurgitation	2 years

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) A. Paul Miller M. D.

(Address) 1501 N. Broadway

E 16745

6745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 633 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Meyers

(a) Residence: No. 2220 Eden St. - Orleans St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) April 28, 1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Fred Meyers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Gertrude Sala

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAY 13 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

MAY 13 1938 19 ..... Registrar.

4005

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938 to April 28, 1938

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. Peller M. D.

(Address) The Johns Hopkins Hospital

6746 E 16746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-2 160-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Winston

If U. S. Veteran specify WAR

(a) Residence: No. 218 Emery St St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Apr. 8, 1938

AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Dan Clay

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME OF MOTHER Ada Branock

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAY 13 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED MAY 13 1938 Registrar.

4007

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to April 9, 1938

I last saw her alive on Apr. 9, 1938. Death is said to have occurred on the date stated above, at 5:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Intracranial injury	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Bell M. D.

(Address) The Johns Hopkins Hospital

16747 (Colored) E 16747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Near Balto Gen St. [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran (Specify WAR .....)

2. FULL NAME Baby Boy Isherwood

(a) Residence: No. 1937 E. Monument Ave Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 12, 1938

8. AGE: Years | Months | Days | If LESS than 1 day, hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Solomon Isherwood

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Edith Bluth

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. Isherwood
(Address) 1937 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL: Washington Blvd May 13 1938
Place

19. UNDERTAKER: Jack Lewis Inc
(Address) 1034 E. Baltimore St

20. FILED [illegible] 19 [illegible] Registrar.

MAY 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to May 13, 1938

I last saw [illegible] alive on May 13, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 mo.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Lewis, M. D.

(Address) W B & A

748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 16748

12-382-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 St. Paul Street St. or Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James S. Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 2711 St. Paul Street St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

DATE OF BIRTH (month, day, year) Nov-19-1871

AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
66	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) AA Co. Md.

13. NAME James S. Robinson

14. BIRTHPLACE (city or town) (State or country) AA Co. Md.

15. MAIDEN NAME Armannella M. Shipley

16. BIRTHPLACE (city or town) (State or country) AA Co. Md.

17. INFORMANT Helen E. Robinson
(Address) 2711 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL
Shipley, A.A.Co. Md. Date 5-14-38 19

19. UNDERTAKER John O. Whitehall Sons INC.
(Address) 1900 Eutaw Place

20. FILED MAY 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to May 12, 1938

I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Uremia	
Chronic arthritis	18 yrs.
Other contributory causes of importance:	
Cerebral apoplexy	May 8

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) M B Cunnaughood M. D.

(Address) 2200 Garrison Ave

(LEWIS) 6749

HEALTH DEPARTMENT—CITY OF BALTIMORE

6749

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital St. 27-19 Ward) ✓127 Registered No.

CITY OF BALTIMORE: (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice E. Lewis If U. S. Veteran specify WAR

(a) Residence: No. 3804 W Rogers Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton P. Lewis

7. DATE OF BIRTH (month, day, year) July 1, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Salem Md.

13. NAME Samuel Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Nichols

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Milton P. Lewis

(Address) 3804 Rogers ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date May 16, 1938

19. UNDERTAKER Hoge F. Smith

(Address) 1900 Eutaw Place

20. FILED 1938 Huntington Wilson, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938 to May 2nd, 1938

I last saw h alive on May 12, 1938 Death is said to have occurred on the date stated above, at 11:58 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of gallbladder	—

Other contributory causes of importance: Multiple bone abscesses

Was an operation performed? Yes Date of May 2nd

For what disease or injury? Empyema abdomen

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Wain, M. D.

(Address) Mercy Hospital

6750 HEALTH DEPARTMENT—CITY OF BALTIMORE B-16750

CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Martin

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 31-1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME Hugh Martin

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elizabeth Morrison

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 17 1938

19. UNDERTAKER Peter Mudefield

(Address) 914 Gaus

20. FILED Washington Williams, Registrar

May 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14 1936 to May 15 1938

I last saw h alive on May 6 1938 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance:	
Senility	?
Arterial Sclerosis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. M. C. Clarke M. D.

(Address) 1114 Madison

16751 E 16751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mattie Robinson

(a) Residence: No. 1902 Division St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6a. If married, widowed, or divorced (or) WIFE of Cornelius Robinson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Households.

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Jack Tolmalen

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bella Holmes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ella Jones (Sister)

(Address) 1902 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Baptist Church Interment Date 5/14/38 19

19. UNDERTAKER Mrs. George A. Holland

(Address) 1631 Druid Hill Ave

20. FILED 5/16 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia (Staphylococcic)	5 days
Other contributory causes of importance: Lacerated finger (left hand)	9 days

Was an operation performed? Yes Date of May 9 38

For what disease or injury? Cellulitis of left hand

Name of operation Incision & drainage Date of 5/9/38

What test confirmed diagnosis? Clinical & autopsy findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 5/1, 1938.

Where did injury occur At home of Mrs. Griffin - 49 Kennick road

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Cut finger on edge of pan while removing ice cubes from the refrigerator

Nature of injury Laceration of finger

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify In course of general work

(Signed) Michael A. Adams M. D. Coroner

(Address) 2360 Eutaw Place.

...c.—2-29-28—L. F. S.—500 Bks.

F 46752

6752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

REGISTERED NO. 27-14

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4209 ROLAND AVE ST., (WARD) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME WILLIAM HARMANUS FISHER

(a) RESIDENCE NO. 4209 ROLAND AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 7 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced
HUSBAND of (or) WIFE of VIRGINIA H.S. FISHER.

DATE OF BIRTH (month, day, and year) Sept. 30 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work CHAIRMAN

(b) General nature of industry, business, or establishment in which employed (or employer) BALTIMORE STOCK EXCHANGE

(c) Name of employer

BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

10 NAME OF FATHER JOHN H. FISHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTIMORE MD.

12 MAIDEN NAME OF MOTHER SARAH BEATTY

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTIMORE MD.

Informant VIRGINIA H.S. FISHER

(Address) 4209 ROLAND AVE

Filed Huntington Williams, M.D. Registrar

1938 5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 12, 1938.

17 I HEREBY CERTIFY, That I attended deceased from APRIL 3, 1938, to MAY 12, 1938.

that I last saw h/ alive on MAY 12, 1938

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

ACUTE CORONARY OCCLUSION

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John A. Stevenson M. D.

, 19 (Address) 3524 Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oxford Cemetery, Oxford, Md.

DATE OF BURIAL 5/14 1938

20 UNDERTAKER Henry A. Mears and Son

ADDRESS N. Calvert

M. D. B 1268-S

F 46753

6753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Strepay

(a) Residence: No. 7143 Halabird Av. Dundalk Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Strepay

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roll Setter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

FATHER

13. NAME John Strepy

14. BIRTHPLACE (city or town) (State or country) Hungaria

MOTHER

15. MAIDEN NAME Anna Musiak

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT Barbara Strepay

(Address) 7143 Halabird Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Point Date May 13 38 19

19. UNDERTAKER

(Address)

FILED 1938 Huntington Williams, N.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury to Chest	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? May 11 1938 19

Accident.

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between Auto & Truck

Nature of injury at Conklin & Lombard Sts.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. R. Colley M. D.

Coroner

(Address) 2357 W. Pratt St.

6754 F 16754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Frest Baltimore Gen. Hospital
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
Length of residence in city or town where death occurred ... yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Mabel E Peterson
(a) Residence: No. Coeburn ville, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Mar

6. If married, widowed or divorced HUSBAND of (or) WIFE of Roy M Peterson

7. DATE OF BIRTH (month, day, year) Nov. 8, 1888

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Racine Wisconsin

13. NAME

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Roy M Peterson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 5/16/1938

19. UNDERTAKER Leonard Hurley
(Address) 4305 Harford Road

20. FILED ..... 19..... Registrar
1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/1938

22. I HEREBY CERTIFY, That I attended deceased from 3-28-1938 to 5/13/1938
I last saw her alive on 5-13-1938 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Liver Abscesses	
Cholangeitis & Chole-lithiasis in Com. Duct	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-27-38
For what disease or injury? Gallstone
Name of operation Choledochostomy
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ...If so, specify .....

(Signed) ..... M. D.
(Address) W. Va

(MUTHIG)

16755

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16755

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No.) St. 2 Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Muthig

(a) Residence: No. 732 S. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Sept. 20, 1885

8. AGE: Years 52 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chief cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant Marine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Yr

12. BIRTHPLACE (city or town) (State or country): Bavaria germany

FATHER

13. NAME: Jacob Muthig

14. BIRTHPLACE (city or town) (State or country): germany

MOTHER

15. MAIDEN NAME: Barbara Wolfe

16. BIRTHPLACE (city or town) (State or country): germany

17. INFORMANT (Address): Records - U. S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mary's, Hampden Date: May 14 1938

19. UNDERTAKER: G. Leroy Stoffler, Inc.

(Address): 125 E. Mount ave.

20. Filed 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by me said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophic Myocarditis — Date of onset 6 mo ago.

Other contributory causes of importance:

Arteriol Sclerosis — 2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

46756

CERTIFICATE OF DEATH

E 46756

95-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 71 yrs. 9 mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME (Hughes) Charles Carroll Hughes

(a) Residence: No. Church Home & Infirmary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): Aug-1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: None

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Chas. T. Hughes

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary A Smith

16. BIRTHPLACE (city or town) (State or country): Balto. Md

INFORMANT: Harry E. Hughes (Bro.)

(Address): 2736 Maryland Ave

BURIAL, CREMATION, OR REMOVAL

Place: Ivy Hill Cem. Date: May 16 1938

UNDERTAKER: Edward M. Smith Co.

(Address): 108 W. Monument Ave.

FILED 19

Huntington Williamson, W. Va.

MAY 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 13, 1938.

I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset May 9, 1938.

Other contributory causes of importance: Arteriosclerotic heart disease — 15 yrs.

Was an operation performed? 0 Date of 0

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) ..... M. D.

(Address) Church Home & Infirmary Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46757

CERTIFICATE OF DEATH

51-L F 46757

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 0 da. How long in U. S. If of foreign birth 74 yrs. 10 mos. 0 da.

If U. S. Veteran specify WAR WWI

2. FULL NAME Horatio Bowman Bevan

(a) Residence: No. 15 W 29th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Sisle

DATE OF BIRTH (month, day, year) July-12-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Henry Bowerman

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Bevan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT (Address) Mrs A B Mallhook (sister) 21 Merrymount Road

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May-14-1938

UNDERTAKER (Address) Stewart Mortuary Co. 1 W Mt Royal Ave.

MAY 14 1938 Huntington Nathanson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3 1938 to May 12 1938

I last saw him alive on May 12 1938. Death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & metastases	
Arteriosclerosis, generalized	
Arteriosclerotic cardiovascular disease	
Terminal circulatory collapse	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/11/38

For what disease or injury? Carcinoma prostate & urinary retention

Name of operation Transurethral resection of prostate

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr Murray Wallace M. D.

(Address) Attended by Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46758 — 31344 JS — F 46758

CERTIFICATE OF DEATH

Registered No. 17-24 5555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charley Kee

(a) Residence: No. 1121 Penn. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~Black~~ Yellow	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-25-1862 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) China

12. NAME Fooy ?

14. BIRTHPLACE (city or town) (State or country) China

15. MAIDEN NAME Chinka Kooie

16. BIRTHPLACE (city or town) (State or country) China

INFORMANT B. C. H. Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 14 1938

18. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

MAY 14 1938 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1938 to 5-10 1938

I last saw him alive on 5-10 1938 Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Tonsil with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/8/38

For what disease or injury? Oesophageal obstruction

Name of operation Gastrostomy

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) E. K. Woodward M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46759 — 49 F 46759

Registered No.

1. PLACE OF DEATH: Union Memorial Hosp. — St., Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) — Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs. Andrew Thomas Morgan (Katherine Pettler)

(a) Residence: No. 2402 Eutaw Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode) 3238 Ellerslie Ave

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew T. Morgan

DATE OF BIRTH (month, day, year) Dec-9-1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None — 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Minneapolis (State or country) Minnesota

13. NAME Philip Pettler

14. BIRTHPLACE (city or town) Probably (State or country) Minn.

15. MAIDEN NAME Katherine R. Jones

16. BIRTHPLACE (city or town) Carnarvon (State or country) Wales

17. INFORMANT Mrs A. T. Morgan (husband)

(Address) 3238 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Minneapolis Minn Date May-14-38

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOOCEN SUC.) 108 W. NORTH AVENUE

Huntington Wil

FILED MAY 14 1938 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-38 19... to 5-13-38 19...

I last saw h. ALIVE on 5-13-38 19... Death is said to have occurred on the date stated above, at 2058 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
(Primary in ovary.)	?

Other contributory causes of importance

Was an operation performed? Yes — Date of 5-13-38

For what disease or injury? ante for Carcinomatosis

Name of operation abdominal paracentesis

What test confirmed diagnosis? Exam. — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify ...

(Signed) Robert H. Levi, M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

46760 46760

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital of institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 137 N Curley St. 1-2 Ward)
Length of residence in city or town where death occurred 72 yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME John F. Rudel
(a) Residence: No. 137 N Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise H Rudel

DATE OF BIRTH (month, day, year) Aug. - 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Dont know
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) "
INFORMANT Norman F. Rudel
(Address) 2701 Harrison Ave Richmond Va
BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 16 1938
UNDERTAKER John Ulmer
(Address) 2008 Orleans St
FILED May 16 1938 Wilson M.P. Registrar.
938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to May 13 1938.
I last saw h[illegible] alive on May 12 1938. Death is said to have occurred on the date stated above, at 7:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	May 13 38.
Hypertension.	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) John J Gould M. D.
(Address) 14 N Eutaw ave.

46761

HEALTH DEPARTMENT—CITY OF BALTIMORE

46761

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evelyn Mackall

(a) Residence: No. 541 Presstman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) April 15, 1938

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Md.

13. NAME Cora Mackall

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Cora Evelyn ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Niece
(Address) 541 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 15 1938

19. UNDERTAKER James A. Hayes
(Address) 142 N. Eutaw St.

Filed May 14 1938 by ..... Williamson Hayes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 13, 1938.

I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance:	
Pneumococcus meningitis	5-10-38
Terminal hypostatic pneumonia	5-12-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. K. Campbell M. D.

(Address) 718 Dolphin St.

F 46762

46762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteers of America Hosp Ward) 3

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran (Specify WAR)

2. FULL NAME Baby Girl Schaible

(a) Residence: No. none St., Ward. 1509 W. Pratt St
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	prematures

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 13, 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	prematures			6 hrs.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME John Edward Schaible

14. BIRTHPLACE (city or town) (State or country) Baltimore md

15. MAIDEN NAME Doris Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore md

INFORMANT Mother
(Address) 1509 W. Pratt St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 14, 1938

UNDERTAKER H. A. & E. M. Walters
(Address) 1700 Druid Hill Ave

FILED 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to May 13, 1938
I last saw her alive on May 13, 1938 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5/12/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Hummel M. D.
(Address) 418 W. Lexington St

Vol. of America Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46763

CERTIFICATE OF DEATH

131 F 46763

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 N. Central Ave St.) 10-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Joseph W. P. Sweeney

If U. S. Veteran specify WAR

(a) Residence: No. 1018 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary E Sweeney

DATE OF BIRTH (month, day, year) May 28 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Luke Sweeney

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Mrs. Gunning

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Mary E. Sweeney

(Address) 1018 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 16 1938

19. UNDERTAKER Henry Hreck & Son Inc

(Address) 1301 E. Eager St.

MAY 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to May 13, 1938.

I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coma	?
Uremia	2 days
	5/10/38
	?

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert P. Schorsky M. D.

(Address) 2939 McCulloh St

6764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/C

F 46764

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy General Laundry St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Henry Funk

(a) Residence: No. 1710 E Lafayette Ave St., 8-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emelie Eisenhoff

DATE OF BIRTH (month, day, year) Feb 10 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	2	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Other given

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Keller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Geo Funk
(Address) 1710 E Lafayette ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 16 1938

UNDERTAKER J. B. Filbert & Son
(Address) 1300 Eastern Ave

MAY 14 1938 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/38

22. I HEREBY CERTIFY, That I attended deceased from 4/27/38, 19..., to 5/13/38, 19...

I last saw h... alive on 5/13/38, 19.... Death is said to have occurred on the date stated above, at 1 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of prostate	
Other contributory causes of importance: arteriosclerosis, diabetes mellitus	
et organal lesion	

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dr Nicholas Samuelson, M. D.
(Address) Maryland General Hospital

Huntington Williams, M.D.

16765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 F 16765

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Lyon Street St. 19 Ward)

Length of residence in city or town where death occurred life yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen E. Warner

(a) Residence: No. 405 S. Monroe St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Frank Warner

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

15. MAIDEN NAME Clara V. Hinds

16. BIRTHPLACE (city or town) (State or country) East County Maryland

17. INFORMANT Mrs Clara V. Warner

(Address) 405 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 19 1935

19. UNDERTAKER Wm. H. Buchheit & Son

(Address) 1000 Eutaw Place

20. FILED MAY 14 1935 19

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st and 2nd degree Body burns	May 2

Other contributory causes of importance: No.

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Injury 5/12, 1935

Where did injury occur? 405 S Monroe St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Clothes ignited from Gas

Nature of injury 1st and 2nd degree Body burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 822 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46766

CERTIFICATE OF DEATH

94 B

F 46766

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3402 Fairview Ave (Ward) 15th

Length of residence in city or town where died 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Neugebauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3402 Fairview Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Peter L. Neugebauer

DATE OF BIRTH (month, day, year): June 10 1871

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Registered Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Church of Christ Scientist

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

13. NAME: Swartout

14. BIRTHPLACE (city or town) (State or country): N.Y.

15. MAIDEN NAME: Kristina Meyers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr. Robert E. Randall

(Address): 3402 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: May 16 38

19. UNDERTAKER: Wm. Tickner & Sons

(Address): Pratt & Calvert

20. FILED: MAY 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to May 13 1938.

last saw h[illegible] alive on May 13 1938. Death is said to have occurred on the date stated above, at 8:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	days
Other contributory causes of importance: Arterio Sclerosis	3 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Dickinson M. D.

(Address) 320 E Gittings St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46767 CERTIFICATE OF DEATH X 159 F 46767

1. PLACE OF DEATH Md. Gen'l. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Lee Shaffer If U. S. Veteran specify WAR .....

(a) Residence: No. Westminster, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-12-38

AGE Years	Months	Days	If LESS than 1 day, hrs. or 45 min.
		1	3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. Gen'l Hosp.
(State or country)

13. NAME Theodore F.

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Angela Boyland

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Theodore Shaffer
(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place KRIDERS CEM. Date May 14, 1938

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

MAY 14 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1938 to 5-13, 1938

I last saw h[illegible] alive on 5-13, 1938 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. L. Ewalt M. D.

(Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46768 — 46-C — F 46768

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH South Balto. Gen. Hosp. St., 23 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank A. Kremer

(a) Residence: No. 1712 Marshall St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie B. Kremer

DATE OF BIRTH (month, day, year) June 26, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Kremer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Adelaide Yost

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Clinton A. Kremer
(Address) 40 E Beall

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date May 16 1938

19. UNDERTAKER A. Lovell & Sons
(Address) 1400 W Baltimore St

20. FILED MAY 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-22-1938 to 5-13-1938

I last saw him alive on 5-13-1938 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Colon (ascending) Metastases to liver & peritoneum	2 2
Other contributory causes of importance: Generalized Arteriosclerosis	2
Chronic Myocarditis	2

Was an operation performed? Yes Date of 2-2-38

For what disease or injury? For abdominal pain

Name of operation Exploratory laparotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krolf M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16769

CERTIFICATE OF DEATH

157a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106 S. STREEPER ST. St. 1-1 (Ward)

Length of residence in city or town where death occurred LIFE mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME MARY NORMA BOWERS

(a) Residence: No. 1106 S STREEPER ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) APRIL 21-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

13. NAME GEORGE E. BOWERS

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

15. MAIDEN NAME MARY DOGBER

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT GEORGE E. BOWERS (FATHER)
(Address) 1106 S. STREEPER ST.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART CE Date MAY 14/38

19. UNDERTAKER Lilly + Zeiler INC.
(Address) 403 S. WOLFE ST.

19. DATE MAY 14 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938 to May 13, 1938

I last saw her alive on May 5, 1938 Death is said to have occurred on the date stated above, at 11/10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of the syringomyelocele	
variety of spina bifida, associated	
with a hydrocephalus	Congen
Other contributory causes of importance:	
Myocardial insufficiency	5-5-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs of Spina bifida Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) DR. I. B. BRONUSHAS, M. D.

(Address) 3037 O'DONNELL ST.

I. B. Bronushas, M.D.

Spec.—1-10-21—M&T—1500 Blks.

F 46770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46770

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1948 W Lafayette Ave St. 16-4 WARD)

2-FULL NAME Sarah Ann Rogers

(a) RESIDENCE NO. 1948 W Lafayette Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Joseph Rogers

6 DATE OF BIRTH (month, day, and year): 10/17/67

7 AGE — Years: 68 — Months: 7 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Special Service

(b) General nature of Industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Mc Cormick Tea & Spice Baltimore Md.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Michael Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Catherine Cosgrove.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

16 Informant: Mrs. Magdalen Brogan. (Address) 1948 Lafayette Ave

15 Filed MAY 14 1938 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1938

17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1938, to May 13, 1938, that I last saw her alive on May 11, 1938, and that death occurred, on the date stated above, at 6 1/2 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Geo. E. Shannon, M. D.

5/13, 1938 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 5/16 38

20 UNDERTAKER: Geo E Talley

ADDRESS: Fulton & Lafayette

Charles Edward Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

16771

CERTIFICATE OF DEATH

23 F 16771

1. PLACE OF DEATH

CGK--8548

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles Edward Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1-8-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Uncles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 15, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Schroeder St

20. FILED Huntington Williams, M.D.

MAY 14 1938 (RDH)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1935 to 5-12 1938

I last saw him alive on 5-11 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Left Leg	[illegible]
Chronic Ulcerative Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance: Acute Cardiac Failure	[illegible]

Was an operation performed? yes Date of 5/6/35

For what disease or injury?

Name of operation Amputation Left Leg

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

16772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92-a

F 16772

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 937 W. Lexington St. St.) 18 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry J. Robinson

(a) Residence: No. 1043 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella Robinson

6. DATE OF BIRTH (month, day, year) January 6 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thos. Robinson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bessie Robinson

(Address) 213 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 14, 38

19. UNDERTAKER Mrs Katie R. Wilfiense

(Address) 322 N Edmondson St

19 38 Huntington Williams, Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Disease (Probably Rheumatic).	6 mo
Other contributory causes of importance: Arterio Sclerosis Myocardium	1/2 hr

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis History of case Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael J. Adams M. D.

Coroner

(Address) 2300 Eutaw Place

M. D. P. 1208-9

North C Carter.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16773

16773

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115-W 22 St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME North C Carter

(a) Residence: No. 115-W 22 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Carter

DATE OF BIRTH (month, day, year) Oct. 5, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 10 34

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Marion Carter

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Martha Pellet

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT William Carter

(Address) 115-W 22 St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 15, 1938

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

1938 Huntington Williams, Reg'r

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938 to May 11 1938

I last saw h[illegible] alive on May 11 1938 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 1

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, state how

(Signed) R. Garland Abercrombie M. D.

(Address) 1534 - Edmondson Ave

46774 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

F 46774

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Newington Ave St., 13-2 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Mears

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 Newington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marg. J. Mears

7. DATE OF BIRTH (month, day, year) June 25 - 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	10	16 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Merchandize

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conley Va.

13. NAME Arthur F. Mears

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

15. MAIDEN NAME Marge Fallen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret J. Mears

(Address) 816 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Mem Park Date 5/14 1938

19. UNDERTAKER John B. Connelly

(Address) East Md.

20. FILED ..... 19..... Registrar.

1938 Huntington Pharmacy, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19 1935 to May 14 1935

I last saw h.. alive on May 14 1935 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	1934
Other contributory causes of importance:	
Acute Coronary Thrombosis	5/8/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) 1117 Maryland Ave

F 46775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1220 S. Clinton St., 26-11 Ward)
Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lackner
(a) Residence: No. 1220 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lackner

DATE OF BIRTH (month, day, year) Dec 14, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria
13. NAME Charles Lackner
14. BIRTHPLACE (city or town) (State or country) Austria
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Austria
17. INFORMANT Maria Murphy
(Address) 32 N. Curley St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 16, 1938
19. UNDERTAKER Frank V. Petitone
(Address) 238 S. Balto St
20. FILED May 17 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to May 13, 1938
I last saw h[illegible] alive on May 13, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hypertension	May 5
Arteriosclerosis	
Cardiac Dyspepsia	
Other contributory causes of importance:	
Myocardial Insufficiency	
Pulmonary Edema	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) H. E. Lee Jr. M. D.
(Address) 156 N. Mulberry Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6776 — F 16776

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhorn Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Turner -

(a) Residence: No. 404 Worsley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) January 6-1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, maryland

13. NAME Howard Turner

14. BIRTHPLACE (city or town) (State or country) Baltimore maryland

15. MAIDEN NAME Nannie Morris

16. BIRTHPLACE (city or town) (State or country) Gloucester Co., Virginia

17. INFORMANT mother

(Address) 404 Worsley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 14 1938

19. UNDERTAKER George L. Nelson

(Address) 1303 Presstman St

20. FILED May 14 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to May 12, 1938

I last saw her alive on May 12, 1938. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/25/38
Interstitial pneumonia -	
miliary tuberculosis -	

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray and autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Gimbel, M. D.

(Address) Lyderhorn Hospital

1938

6777

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16777

CERTIFICATE OF DEATH 33280 CM 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Thompson

(a) Residence: No. 506 W. Biddle St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	N.B.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5-11-38

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Clarence Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Marian Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~

Place Balt. City Hosp Date 5-12 1938

19. UNDERTAKER .....
(Address)

20. FILED 1938 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12 1938 to May 12 1938

I last saw her alive on May 12 1938 Death is said to have occurred on the date stated above, at 4:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (30 wks)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles L. Goodland M. D.

(Address) Balto. City Hospitals

1938

H

778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--32896 ✓ 107-a

Registered No. 163778

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13 Ward) 3

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Grimes

(a) Residence: No. 2511 Frances St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Laurabelle

DATE OF BIRTH (month, day, year) 3-24-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Thomas Grimes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Pennington

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Providence Cemty Date May 15, 1938

UNDERTAKER C. M. Waltz
(Address) Winfield, Md

19 Registrar.

1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1938, to 5-12, 1938

I last saw him alive on 5-12, 1938. Death is said to have occurred on the date stated above, at 1450 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy Prostate	Unknown
Bronchio Pneumonia	5-7-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. R. Woodward Jr. M. D.

(Address) Balto. City Hosp

F 16779

lyles

16779 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vermont Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ollie Lyles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Pynkney

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Father
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/16 1938

UNDERTAKER Roberts & Pyron
(Address) Woodlawn Md.

5 15 1938 Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1938, to 5-13 1938.

I last saw him alive on 5-13 1938. Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous arthritis	
Cachexia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1938

For what disease or injury? Tuberculous arthritis

Name of operation Drain L Left Hip

What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry L. Pyron M. D.

(Address) Brunswick Hosp.

F 46780

46780 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ X 23-84

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Alfred Bailey

(a) Residence: No. ..... St., ... Ward. Culpeper Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 7, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Virginia

13. NAME David Bailey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hannah Sullivan

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 15 38

Place Culpeper Va

19. UNDERTAKER Geo F Bayer & Sr

(Address) 512 Eutaw St

20. FILED May 16 1938 Thomas F. Williams, M.D. Registrar.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925 to May 15, 1938

I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 2 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox	13 yrs
Pulmonary Tuberculosis	10 mos.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Duncan P. Alexander

(Address) 3326 Eutaw Pl

F 46781

46781 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1911 Boone St., 9-E Ward)
Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
2. FULL NAME Pearl L. Anderson
If U. S. Veteran specify WAR No Record
(a) Residence: No. 1911 Boone Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) Sept 16-1888

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
49	7	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Layman Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
8. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Leo W Anderson
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME May E Carroll
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mrs W. L. Guyton
(Address) 1911 Boone st.
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn 5/16/38
19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St
20. FILED 15 1938 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 13, 1938.
I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 3.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5.10.38.
Cerebral arterio - sclerosis.	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis Clinical Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Willis Guyton M. D.
(Address) 3963 Greenmount Ave.

6782

F 16782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry W. Evans

If U. S. Veteran specify WAR No Record

(a) Residence: No. Upper Falls Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) about 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sail 1886

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob H. Evans

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Carrie Moore

(Address) 1610 St Stephens St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 16 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED May 16 1938 Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938, to May 13, 1938

I last saw him alive on May 12 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Arteriosclerotic Cardiovascular disease	
Other contributory causes of importance:	
Cachexia	

Was an operation performed? Yes Date of 4/7/38

For what disease or injury? Carcinoma Prostate

Name of operation Transurethral resection of prostate

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. Krumdieck M. D.

(Address) University Hospital

MAY 15 1938

46783 HEALTH DEPARTMENT—CITY OF BALTIMORE 28473

CERTIFICATE OF DEATH

95-0 15-9

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Ella F. Sheckles
(a) Residence: No. 3821 W. Clifton Ave. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/21/1869

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	8	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel Walker
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Georganna Free
16. BIRTHPLACE (city or town) (State or country) Md.
INFORMANT Hospital Records
(Address)
BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date May 17 38
UNDERTAKER W. M. Cox & Son
(Address) 1217 E. Pratt St
FILED ___ 19___ Registrar.
MAY 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to May 13, 1938.
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautable M. D.
(Address) Baltimore City Hospitals

6784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46784

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hospital (Street) 4 (Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. citizen, specify WAR Revol

2. FULL NAME Geo. L Siebert

(a) Residence: No. 3006 Independence St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male 4. Color or race: White 5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret E Siebert

7. DATE OF BIRTH (month, day, year) Jan 15th 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Receiver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clyde S. S. Co

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: William Siebert

14. BIRTHPLACE (city or town) (State or country): Balt Md

15. MAIDEN NAME: Ruppert

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Arthur W. Siebert

(Address) 3006 Independence St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Mem Date: May 17th 1938

19. UNDERTAKER: Cook

(Address) 1217 St. Paul St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the body of said deceased, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset: 5/14/38

Other contributory causes of importance: Arterial Sclerosis 2 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar H Evans, M. D.

Coroner

(Address)

46785

F 46785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Brighton St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret L. Barrett

(a) Residence: No. 2820 Brighton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John J. Barrett

6. DATE OF BIRTH (month, day, year): March 6, 1877

7. AGE: Years 61 | Months 2 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

MOTHER

12. BIRTHPLACE (State or country): Ireland

FATHER

13. NAME: Michael Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Margaret McConnell

(Address) 2820 Brighton st.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5-16-38

19. UNDERTAKER: [illegible]

(Address) 1435 E. Fayette St.

20. FILED MAY 15 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above, at found about 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably, Angina Pectoris,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Hamilton Carraway M. D.

(Address) 1215 Hanover

16786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16786

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-4 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (33134)

If U. S. Veteran specify WAR

2. FULL NAME Rudolph Pulaski

(a) Residence: No. 3 N. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Andrew (D[illegible]

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Kirschnick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 5-17-38

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938 to May 14, 1938

I last saw him alive on May 14, 1938 Death is said to have occurred on the date stated above, at 8:55 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1937
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. A. Essech M. D.

(Address) Balto. City Hospitals

16787 HEALTH DEPARTMENT—CITY OF BALTIMORE 16787

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 8 or 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Edwin Buhl

(a) Residence: No. 1707 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 19, 1916

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	21	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Balto. (State or country) Md

13. NAME Edward R. Buhl

14. BIRTHPLACE (City or town) Balto. (State or country) Md

15. MAIDEN NAME Barbara Boyle

16. BIRTHPLACE (City or town) Balto (State or country) Md

17. INFORMANT Edward R. Buhl.

(Address) 1707 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 5-16-38

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MAY 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein at the request of the (Coroner or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance: Ruptured appendix	

Was an operation performed? Yes Date of 5/13/38

For what disease or injury? Appendicitis with drainage

Name of operation? Laparotomy with drainage Date of 5/13/38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) Cross

46788 F 46788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3021 Garrison Blvd. St., 15-6 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Napoleon B. Lobe

If U. S. Veteran specify WAR

(a) Residence: No. 3021 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae B. Lobe

DATE OF BIRTH (month, day, year) Oct. 3, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auctioneer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0880

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Isaac Lobe,

14. BIRTHPLACE (city or town) (State or country) Holland.

15. MAIDEN NAME Esther Eytinge,

16. BIRTHPLACE (city or town) (State or country) Holland.

17. INFORMANT Mrs. Mae B. Lobe.
(Address) 3021 Garrison Blvd.

18. BURIAL [redacted]
Place Balto. Hebrew Cem. May 16, 19 38

19. UNDERTAKER David Andriesse & Son
(Address) 1902 Eutaw Place.

20. FILED 19 Registrar.

Huntington Wms. M.D.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 19 35, to May 14, 19 38

I last saw him alive on May 13, 19 38. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 13 1938
Arteriosclerosis	Five years
Other contributory causes of importance: Cerebral Hemorrhage	Dec. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alan Bernstein M. D.
(Address) 1207 Eutaw Place.

16789 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 16789

CERTIFICATE OF DEATH × 137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. if of foreign birth 63 yrs. 6 mos. 1 ds.

2. FULL NAME John Francis Boyle
If U. S. Veteran specify WAR NONE
(a) Residence: No. University Hospital St., Ward Sheppard Bldg - Since 1930 Little Rock - Arkansas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Snow Powell Boyle

DATE OF BIRTH (month, day, year) Nov. 14 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) About 20 yrs ago
11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Little Rock Ark

13. NAME John F. Boyle
14. BIRTHPLACE (city or town) (State or country) Little Rock Arkansas
15. MAIDEN NAME Mary M. Dorsey
16. BIRTHPLACE (city or town) (State or country) Anchorage Kentucky

INFORMANT Mrs J. F. Boyle - (wife)
(Address) Little Rock - Arkansas

BURIAL, CREMATION, OR REMOVAL
Place Little Rock - Ark. Date May 15 1938

UNDERTAKER Stewart Mortuary Company
(Address) 108 W. 6th St. Little Rock Ark.

FILED MAY 15 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 15, 1938
I last saw h[illegible] alive on May 5, 1938 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Prostatic Hypertrophy	?
Arteriosclerotic cardio renal disease	?
Lung abscess, R	5/2/1938

Other contributory causes of importance:

Was an operation performed? Yes Date of May 3, 1938
For what disease or injury? Prostatic Hypertrophy
Name of operation Suprapubic Prostatectomy
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis S. Dickey M. D.
(Address) University Hospital

6790

HEALTH DEPARTMENT—CITY OF BALTIMORE

46790

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Homestead St. 9-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Tucker

(a) Residence: No. 1130 Homestead St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Tucker

DATE OF BIRTH (month, day, year) June 25 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City Lynch

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Catherine Buck

(Address) 1130 Homestead ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date May 16 38

UNDERTAKER John A. Morand

(Address) 5000 E. Oldo St.

FILED 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/1938

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1937 to April 13 1938

I last saw her alive on April 12, 1938. Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum.	Sept. 37
Other contributory causes of importance: Chronic Myocarditis.	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm J Schmidt M. D.

(Address) 701 N. Kenwood ave

6791 E 46791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 66-B

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 6th (Ward) Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Mary Routh

(a) Residence: No. 13 N. Potomac St. St., ... Ward, Hagerstown, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) aug 11 1888 ~~1888~~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Routh

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

15. MAIDEN NAME Lucie Sauer

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT (Address) Ann Routh 3433 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Date May 17 1938

19. UNDERTAKER (Address) Fred W. Kraus Hagerstown. Md.

20. FILED ..... 19 ..... Registrar.

51938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 38. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21- 38. 19 to 5-14 38. 19

I last saw h alive on 5-14-38. 19 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury? Thyrotoxicosis

Name of operation Thyroidectomy

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, state

(Signed) Richard Wood M. D.

(Address) Hagerstown Md.

46792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 46792

CERTIFICATE OF DEATH

127-B

1. PLACE OF DEATH St. Agnes Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkins & Caton St., 19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Irene Talbott If U. S. Veteran specify WAR

(a) Residence: No. 1611 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Talbott

DATE OF BIRTH (month, day, year) April 4, 1903

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Hobson

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Maude L. Butterworth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Maude L. Hobson
(Address) 126 Sedgwick Lane

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/18 19 38

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W Lombard St.

20. FILED MAY 15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1938 to 5-15, 1938

I last saw her alive on 5-15, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4/17/38
P.O. adhesions	
Other contributory causes of importance:	
Foot Operations	?
adhesions	

Was an operation performed? yes Date of 4-15-38

For what disease or injury? P.O. adhesions

Name of operation Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Carr M. D.

(Address) St Agnes Hospital

46793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 46793

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2406 Mc Elderry St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa B. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2406 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Miller

DATE OF BIRTH (month, day, year) April 6th 1893

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
45		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 64

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Md

13. NAME Vincent J. Demetz

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Sophia Whitehead

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary J. Stuney

(Address) 2406 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date May 16 1938

19. UNDERTAKER Fred'k. Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED , 19

Registrar.

5 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to May 13 1938

I last saw h[illegible] alive on May 12 1938 Death is said to have occurred on the date stated above, at 2 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 37
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alex. C. Schinsky M. D.

(Address) 2939 Mc Elderry St

46794 ✓ F 46794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Lucille Ave St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Laura Lepinta Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 3511 Lucille Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Dallas Adams

DATE OF BIRTH (month, day, year) Nov. 3 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fishing Creek
(State or country) Dorchester Co. Md

13. NAME Levin H. Creighton

14. BIRTHPLACE (city or town) Fishing Creek
(State or country) Dorchester Co. Md.

15. MAIDEN NAME Laura Phillips

16. BIRTHPLACE (city or town) Fishing Creek
(State or country) Dorchester Co. Md.

17. INFORMANT Mr. J. Dallas Adams
(Address) 3511 Lucille Ave Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date May 16 1938

19. UNDERTAKER Wallace J. Fickus & Son
(Address) North & Pearce Sts

19[illegible] 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22 1934 to May 15 1938

I last saw h[illegible] alive on 15th day of May 1938 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis Lt. Lung	Chronic
Other contributory causes of importance: Lung abcess (?)	4/14/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 2210 Eutaw St.

F 46795

16795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin & Stor St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dutton Jr.

(a) Residence: No. 428 N. Arlington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8/21/1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17		9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo F Dutton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Cain

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo F Dutton

(Address) 428 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/17 1938

19. UNDERTAKER Wilkins & Gorsuch

(Address) 110 W Mulberry

DATE 5/18 1938 Arthur Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1937 to May 13, 1938

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 1:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular pleurisy	Sept 1937
Tubercular peritonitis	"
Pulmonary T.B.	"

Other contributory causes of importance:

Name of operation Paracentesis Date of 10-7-37

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leon M Sodaro M. D.

(Address) Franklin Sq Hospital

46796

F 46796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lammen L. German

If U. S. Veteran specify WAR Yes Record

(a) Residence: No. 2641 N. Charles St., Ward.

(Usual place of abode) 60 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): Nov 2. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md

13. NAME: Matthias Lowman

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Harriett Peyton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: C. Edward German

(Address): 2641 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/16 1938

19. UNDERTAKER: Wm Cook

(Address): 214 E. Lane St

20. FILED 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the date stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia	5/4/38
Other contributory causes of importance: Pulmonary Edema, Chr. Cardio-Vascular-Renal Disease	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Adams M.D. M. D.

Coroner

(Address) 2360 Eutaw place

6 A 61938

46797

F 46797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME William Harper Davis

(a) Residence: No. 1427 Mt Royal Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of Bessie Stuart Davis

7. DATE OF BIRTH (month, day, year) June 3, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8 11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Woodbury N. J.

13. NAME William Edw. Davis

14. BIRTHPLACE (city or town) (State or country) Woodbury N. J.

15. MAIDEN NAME Mary J. ?

16. BIRTHPLACE (city or town) (State or country) Woodbury N. J.

17. INFORMANT Bessie S. Davis

(Address) 1427 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date May 16 1938

19. UNDERTAKER Wareham Poore

(Address) 847 Park Ave. Street

167938 19 Registered

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhenden Coroner M. D.

(Address)

6798 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16798

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hosp
CITY OF BALTIMORE: (No. Fulton Ave. 25-1 Ward) Registered No. 53D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma K. Leimbach If U. S. Veteran specify WAR

(a) Residence: No. Newbury Ave., Rolling Rd. Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Leimbach

7. DATE OF BIRTH (month, day, year) Feb. 25, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James H. McKinnell

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Sarah Jane Hadden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas J. Leimbach

(Address) Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date May 16 1938

19. UNDERTAKER Easton Bros.

(Address) Ellicott City.

20. FILED ..., 19... Registrar.

6/1938 Huntington Pattersons N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1938 to 5-13, 1938

I last saw her alive on 5-13-, 1938. Death is said to have occurred on the date stated above, at 4:25 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma Vertebra 1st Lumbar & Generalized metastasis to Lungs & Brain. — Date of onset ?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lawrence J. Strimanek, M. D.

(Address) St. Agnes Hospital.

46799 F 46799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5182 Baker St., 14-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas P. Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 5182 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eugene Bundy

(Address) 5433 Arunsdale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 5/16 1938

19. UNDERTAKER Louis Burkoff

(Address) 2358 Edmondson Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ryan Graves M. D.

Coroner

(Address) 215 Hanover St

F 6 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46800

46800

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Hospital St., 13-6 Ward)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lulu Manning

If U. S. Veteran specify WAR

(a) Residence: No. 3307 Beech ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	w	widow

3. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Manning

DATE OF BIRTH (month, day, year) July 17, 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 yrs	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seat Caner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bella Donna Pt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Nantz

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Annie L. Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Brother Joseph Vanstavern

(Address) 1504 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL ~~Woodlawn~~ Westminster Md Date May 17 1938

19. UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Eastern Ave.

20. FILED 19 Williams, M.D. Registrar.

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10- , 1938 to 5-14 , 1938

I last saw her alive on 5-14- , 1938. Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Card. Vascular Renal Disease	1936
Other contributory causes of importance: Bronchial Pneumonia	5-1-38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Thomas J. Sullivan, M. D.

(Address) Maryland Ave.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 21st DAY October

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 43801 Feb 11, 1938 AND

ENDING WITH #F 46800 May 16, 1938 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

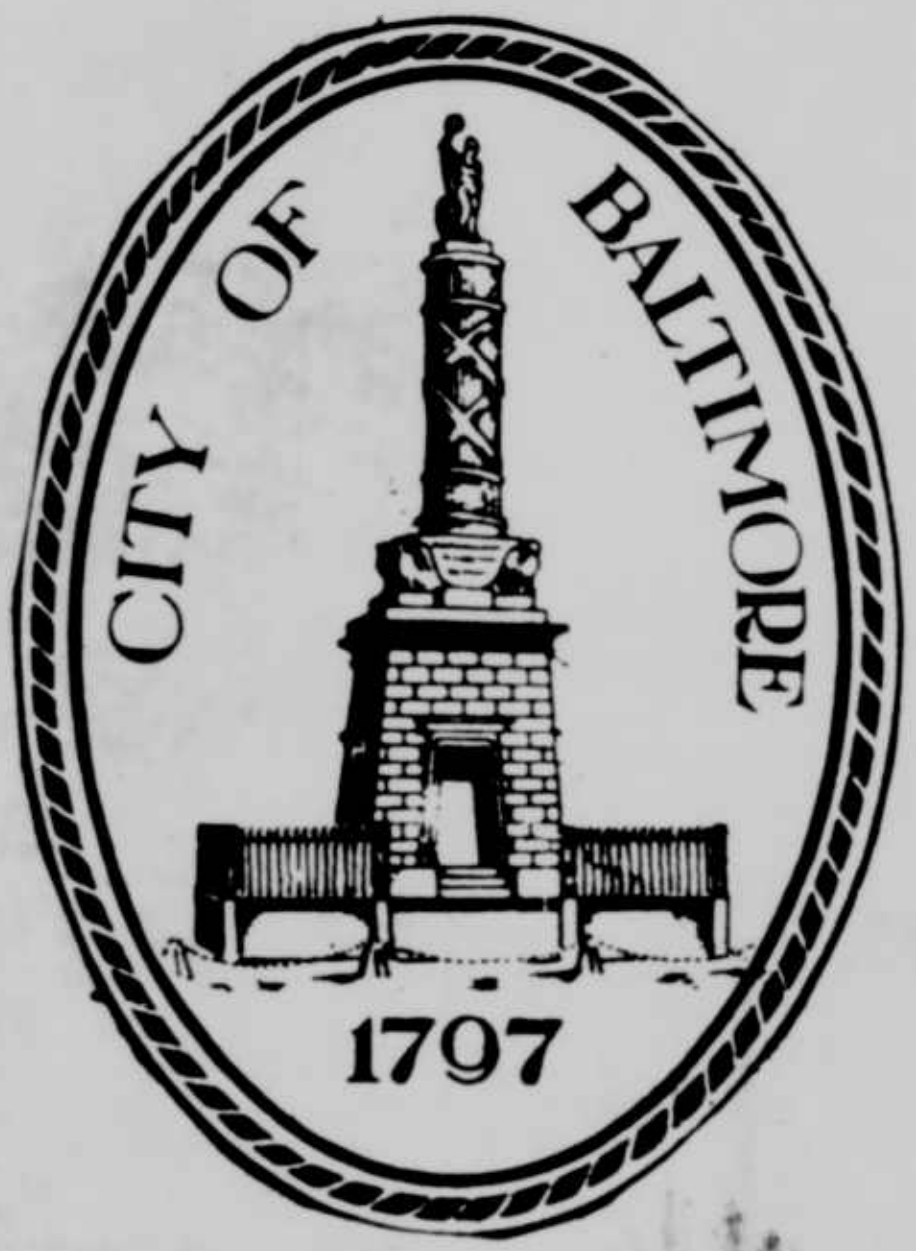
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul



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